

DAILY COVER SHEET

Date 11-13-8 Event No. 4111839

Arrived at the Mine _____ Departed from the Mine _____

List Records Books Checked present

ON Shift

Accompanied By: Company Representative

Bennie Priestly

Miners Representative

AREAS OF INSPECTION ACTIVITY:

Inspector's Initials _____

Supervisor's Initials and Date MS 11-14-6 Page No. 1

*U.S. Government Printing Office: 1997 - 508-470

Date 11-13-8

75.513 1030

Opening in the imby
panel, in excess of
1005

Dec 11-13-20

10-13-6 200 d

85 persons would be
injury if the machine
was to ignite

Inspector's Initials _____

Supervisor's Initials and Date MS 11-14-6 Page No. 4

*U.S.G.P.O.: 2001 - 509-238

Date 11-13-6

75.2024 0930

The main roof on
The 120' off of

main 009, beginning

at BR 87-89

The right rib has a

cutting rock is

Gapped down

BR 96, Gapped down and

broken 98 to 102.

Broken with pressure

on the roof bolts.

Two BR out by 72 feet

at glass hole, main

roof is broken and

cracked in both

return entries

BR 141 top rib.

Inspector's Initials _____

Supervisor's Initials and Date MS 11-14-6 Page No. 2

*U.S.G.P.O.: 2001 - 509-238

Date 11-13-6

146-148, routes broken

cracked, Gapped down

with pressure on roof

(000)

4. Demand pressure

Harley 146-148

5. 3rd day

6. Highly likely

7. Permanently displaced

8. Persons would be injured

from the roof falling

it looks as the roof

was going to fall at

10:00 minute

Inspector's Initials _____

Supervisor's Initials and Date MS 11-14-6 Page No. 3

*U.S.G.P.O.: 2001 - 509-238

Date 11-13-6

75.360 1035

NO. Up to date

date time and

initiated at the

Haulage Chaper

Dec 11-13-6

1045

Corrected 1035

85 persons would not

be injured from this

violation

Inspector's Initials _____

Supervisor's Initials and Date MS 11-14-6 Page No. 5

*U.S.G.P.O.: 2001 - 509-238

Date 11-13-6

75.360 1040

up to date, date

time and initial

all has passed

in the faces of

main 009 section

Dec 11-15

Corrected 1055

85 persons would not

be injured from this

violation

Inspector's Initials _____

Supervisor's Initials and Date MS 11-14-6 Page No. 6

*U.S.G.P.O.: 2001 - 509-238

Date 11-13-6

75.523-361 1100

The emergency personnel
in brass did not
activate the alarm
by the emergency
de-emergency alarm

On 11-13-6
2000

8h persons would
be in work if the
observed at the scope
was could not stop
in time if person
was stopped from the
scope

Inspector's Initials

Supervisor's Initials and Date MS 11-14-6 Page No. 2

U.S.G.P.O.: 2001-609-238

Date 11-13-6

75.3604 1232

a inadequate pick
Examination was conducted
on main ore section
west of 1" to 15 inches
in the no. 4-5-6
entire ore body by
Face,

On 12-13-6
1400

Corrected 1300

8h persons would
be in work from Face
Returned to the
Face

Inspector's Initials

Supervisor's Initials and Date MS 11-14-6 Page No. 2

U.S.G.P.O.: 2001-609-238

- 11-6-06 TRAVELED N-MAINS SECTION Intake from 75 BK to mouth at 131 BK MAIN Intake.
- 11-6-06 TRAVELED MAIN Intake from 129 BK N-MAINS to 5 BK Airlock Doors then outside URB
- 11-7-06 TRAVELED EAST RETURN from Punchout to mouth of East Return 30 BK
- 11-7-06 TRAVELED North Return from 36 BK to outside URB
- 11-8-06 TRAVELED NORTH MAINS Intake from 75 BK to FACE NORTH MAINS. NONE OBSERVED.
- 11-8-06 TRAVELED North MAINS Return from 74 BK to 16 BK
- 11-8-06 TRAVELED Intake Air Splits for EP's 20A + 33 + 22 + 39 + 40 + 40A + 41 + 42
- 11-9-06 TRAVELED LBB Return from (R) At mouth of LBB up to EP's At mouth of Each F
- 11-9-06 TRAVELED Intake Air Split from cut-through at 8 BK to mouth of LBB Section
- 11-10-06 TRAVELED LBB Intake from 34 BK on Section to 65 BK CONNECTION WITH MAIN 2
- 11-10-06 TRAVELED LBB Return from (R) 3 BK At mouth of Section to 34 BK ON SECTION

HAZARDOUS CONDITIONS

1. MAIN Intake: Need some timbers set between 79 & 80 BK's #6 Entry
2. North MAINS Section Intake: Stoppings at 3 BK & 11 BK Need rebuilt starting to crush out.
3. North MAINS Return: Top cutting down Right Rib 99 BK to 100 BK & 100 BK to 101 BK. Top needs additional Roof Support 97 BK to 99 BK; Top cutting down Both Ribs between 97 BK & 98 BK. Water needs pumped between 76 BK & 77 BK (over 95 BK Stopping Partly crushed out (curtain over it) 154 BK Stopping halfway crushed out. Water needs pumped 166 BK to in by 167 BK At the Face of;
4. Intake Air Splits for EP's: Intake Air Split for EP 22 Needs scooped & set Bolted. Needs timbered or bolted between 72 & 73 BK HG 15. Falls in #1 & #2 Entry 84 BK; Falls in #4 Entry at 85 & 86 BK's. Intake split for NW to HG 17 Needs timbered or spot Bolted.
5. LBB Intake: Water needs pumped at 8 BK (over boots). Stopping at 16 BK Needs holes fixed & plastered.
6. LBB Return: Pump at 14 BK was not operating water was deep.

Pump water at 76 BK & mains Rebuilt Stoppings at 95 BK and 154 BK Process setting pump in place
Pump water at 8 BK & LBB RT Pump & water at 14 BK RT. Handley Aug 31

- 10-30-06 TRAVELED NORTH MAINS SECTION INTAKE FROM 75BK TO MOUTH AT 131BK MAIN INTAKE
- 10-30-06 TRAVELED MAIN INTAKE FROM 129 BK NORTH MAINS TO 5BK AIR LOCK DOORS THEN OUTSIDE LBB
- 10-31-06 TRAVELED EAST RETURN FROM PUNCHOUT TO MOUTH OF EAST RETURN 30BK
- 10-31-06 TRAVELED NORTH RETURN FROM 36 BK TO OUTSIDE LBB
- 11-1-06 TRAVELED NORTH MAINS RETURN FROM 74BK TO 161 BK
- 11-1-06 TRAVELED NORTH MAINS SECTION INTAKE FROM 166 BK ON SECTION TO 75BK
- 11-1-06 TRAVELED INTAKE AIR SPLITS FOR EP'S 20A & 33
- 11-2-06 TRAVELED INTAKE AIR SPLIT FROM CUT-THROUGH AT 8 BK TO LBB SECTION
- 11-2-06 TRAVELED LBB RETURN FROM (R) AT MOUTH OF LBB UP TO EP'S AT MOUTH OF EACH PAN
- 11-2-06 TRAVELED INTAKE AIR SPLIT FOR EP'S 41, 42, 43, 50, 55, 56, 57, 22, 39,
- 11-3-06 TRAVELED LBB INTAKE FROM 30BK ON SECTION TO 65BK CONNECTION WITH MAIN INTAKE
- 11-3-06 TRAVELED LBB RETURN FROM (R) AT MOUTH OF SECTION TO 31BK ON SECTION

HAZARDOUS CONDITIONS

1. MAIN INTAKE: NEED SOME TIMBERS SET BETWEEN 79 & 80BK'S #6 ENTRY.
2. NORTH MAINS SECTION INTAKE: STOPPINGS AT 3BK & 11 NEED REBUILT STARTING TO CRUSH OUT.
3. NORTH MAINS RETURN: TOP CUTTING DOWN RIGHT RIB 99BK TO 100BK & 100BK TO 101BK. TOP NEEDS ADDITIONAL ROOF SUPPORT 97BK TO 99BK; TOP CUTTING DOWN BOTH RIBS BETWEEN 97BK & 98BK. WATER NEEDS PUMPED BETWEEN 76BK & 77BK (OVER BOOTS). 95BK STOPPING PARTLY CRUSHED OUT (CURTAIN OVER IT) 154 BK STOPPING HALFWAY CRUSHED OUT. WATER NEEDS PUMPED 166BK TO IN BY 167 AT THE FACE OF #6 ENTRY.
4. INTAKE AIR SPLITS FOR EP'S: INTAKE SPLIT FOR NW TO HG17 NEEDS SCOOPED & SPOT BOLTED. INTAKE SPLIT FOR EP 22 NEED SCOOPED & SPOT BOLTED, INTAKE SPLIT FOR EP 39 HAS ROOF FALLS IN #1 ENTRY AT 84BK, 85BK, 86BK ROOF FALL IN #2 ENTRY 84BK.
5. LBB INTAKE: WATER NEEDS PUMPED AT 8BK (OVER BOOTS) STOPPING AT 16 BK NEEDS HOLES FIXED & PLASTERED.

CORRECTIONS FROM WK OF 10-28-06: WATER ON NORTH MAINS SECTION INTAKE AT 137 BK HAS BEEN PUMPED DOWN.

3700

- 1-23-06 TRAVELED NORTH MAINS SECTION INTAKE FROM 75BK TO MOUTH AT 131BK MAIN INTAKE
- 1-23-06 TRAVELED MAIN INTAKE FROM 129BK NORTH MAINS TO 5BK AIR LOCK DOORS THEN OUTSIDE URB
- 1-24-06 TRAVELED EAST RETURN FROM PUNCHOUT TO MOUTH OF EAST RETURN 30BK
- 1-24-06 TRAVELED NORTH RETURN FROM 36BK TO OUTSIDE LBB
- 1-25-06 TRAVELED NORTH MAINS RETURN FROM 74BK TO 161BK
- 2-25-06 TRAVELED NORTH MAINS SECTION INTAKE FROM 166BK ON SECTION TO 75BK
- 1-26-06 TRAVELED INTAKE AIR SPLIT FROM CUT-THROUGH AT 8BK TO LBB SECTION
- 2-26-06 TRAVELED LBB RETURN FROM (R) AT MOUTH OF LBB UP TO EP'S AT MOUTH OF EACH PANEL.
- 2-26-06 TRAVELED THE INTAKE AIR SPLIT FOR EP'S 42, 40, 40A, 41, 39, 22, 33, 20A,
- 2-27-06 TRAVELED LBB INTAKE FROM 26BK ON SECTION TO 65BK CONNECTION WITH MAIN INTAKE
- 2-27-06 TRAVELED LBB RETURN FROM (R) AT MOUTH TO 26BK ON SECTION

HAZARDOUS CONDITIONS

1. MAIN INTAKE: Need some timbers set BETWEEN 79 & 80BK'S #6 Entry
2. N. MAINS SECTION INTAKE: Stoppings AT 3BK & 11BK NEED rebuilt STARTING TO CRUSH OUT. WATER NEEDS PUMPED AT 137BK #2 Entry (OVER BOOTS).
3. NORTH MAINS RETURN: Top cutting DOWN Right RIB 99BK to 100BK & 100BK to 101BK; Top needs additional Roof Support 97BK to 99BK. Water needs pumped BETWEEN 76BK & 77BK (OVER BOOTS). 95BK Stopping Partly crushed out (CURTAIN OVER IT). 154BK Stopping halfway crushed out. Water needs pumped 166BK to inby 167BK AT THE FACE OF #6 Entry. Top Cutting DOWN Left RIB 146BK to 147BK.
4. INTAKE AIR SPLIT FOR EP'S: Need Timbers set BETWEEN 72BK & 73BK Intake Split for HG 15 & HG 16 EP's. Falls in #1 & #2 Entry's 84BK; Fall in #1 Entry BETWEEN 84BK & 85BK; FALL IN BK BETWEEN #1 & #2 Entry's 86BK, Intake Air Split for HG 14 & HG 15 EP's. Intake Air Split BETWEEN NW & HG 17 Seals. Needs Scoped & Spot Bolted.
5. LBB INTAKE: WATER NEEDS PUMPED AT 8BK (OVER BOOTS)

CORRECTIONS FROM WK OF 10-21-06: Stopping AT 132BK MAIN INTAKE NORTH MAINS THAT WAS CRUSHING OUT WAS REBUILT.

37002

- 10-16-06 TRAVELED NORTH MAINS SECTION Intake from 75BK to mouth at 131BK MAIN Intake
- 10-16-06 TRAVELED MAIN Intake from 129BK North MAINS to 5BK Airlock Doors then outside LBB
- 10-17-06 TRAVELED EAST RETURN from Punchout to mouth of EAST RETURN 30BK
- 10-17-06 TRAVELED North RETURN from 36BK to outside LBB
- 10-18-06 TRAVELED North RETURN from 74BK to 161BK
- 10-18-06 TRAVELED North MAINS SECTION Intake from 166BK on Section to 75BK
- 10-19-06 TRAVELED Intake Air splice from cut-through at 8BK to LBB SECTION
- 10-19-06 TRAVELED LBB RETURN from (B) at mouth of LBB up to EP's at mouth of EACH PANEL
- 10-20-06 TRAVELED LBB Intake from 22BK on Section to 65BK CONNECTION WITH MAIN Intake
- 10-20-06 TRAVELED LBB RETURN from (B) at mouth to 22BK on Section

HAZARDOUS CONDITIONS

1. MAIN Intake: Stopping crushing out at 132BK BETWEEN #2 & #3 Entry's. Need some timbers set between 79 & 80 BK's #6 Entry.
2. N. MAINS SECTION Intake: Stoppings at 3BK & 11BK need rebuilt starting to crush out. Water needs pumped at 137BK (#2 Entry) OVER BOOTS.
3. NORTH MAINS RETURN: Top cutting Down Right Rib 99BK to 100BK, 100BK to 101BK. Top needs additional Roof Support 97BK to 99BK. Water needs pumped BETWEEN 76BK & 77BK (OVER BOOTS) WATER Accumulating at 88BK (coming out of the bottom). 95BK Stopping PARTLY crushed out (curtain over it). 154BK Stopping halfway crush out. Water needs pumped 166BK to inby Face at 167BK (OVER BOOTS).
4. LBB Intake: Water needs pumped at 8BK (OVER BOOTS)

- 0-9-06 TRAVELED NORTH MAINS SECTION INTAKE FROM 130 BK TO MOUTH AT OVERCAST 131 BK MAIN INTAKE
 1-9-06 TRAVELED MAIN INTAKE FROM 129 BK NORTH MAINS TO 68 BK MOUTH OF LBB SECTION
 0-10-06 TRAVELED LBB RETURN & PANELS GOING TO EP'S
 1-11-06 TRAVELED NORTH MAINS RETURN FROM 74 BK TO 166 BK ON SECTION
 1-11-06 TRAVELED NORTH MAINS SECTION INTAKE FROM 167 BK ON SECTION TO 75 BK
 0-12-06 TRAVELED EAST RETURN FROM PUNCHOUT TO MOUTH OF EAST RETURN 30 BK
 1-12-06 TRAVELED NORTH RETURN FROM 36 BK TO OUTSIDE LBB
 1-13-06 TRAVELED LBB INTAKE FROM 20 BK ON SECTION TO 65 BK CONNECTION WITH MAIN INTAKE
 1-13-06 TRAVELED LBB RETURN FROM 20 BK ON SECTION TO MOUTH AT (R)
 1-13-06 TRAVELED MAIN INTAKE FROM MOUTH OF LBB SECTION INTAKE 65 BK TO 5 BK AIR-LOCK DOORS

HAZARDOUS CONDITIONS

1. MAIN INTAKE: STOPPING CRUSHING OUT AT 132 BK BETWEEN #2 & #3 ENTRY'S. NEED SOME TIMBERS SET BETWEEN 79 & 80 BK'S #6 ENTRY.
2. N. MAINS SECTION INTAKE: STOPPINGS AT 3 BK & 11 BK NEED REBUILT STARTING TO CRUSH OUT. STOPPINGS AT 49, 59, & 51 BK'S BETWEEN #2 & #3 ENTRY'S NEED BUILT. WATER NEEDS PUMPED AT 137 BK (#2 ENTRY) OVER BOOTS.
3. NORTH MAINS RETURN: TOP CUTTING DOWN LEFT RIB 146 BK TO 147 BK, TOP CUTTING DOWN RIGHT RIB 97 BK TO 100 & 100 TO 101 BK, TOP NEEDS ADDITIONAL ROOF SUPPORT 97 BK TO 99 BK. WATER NEEDS PUMPED BETWEEN 76 BK & 77 BK (OVER BOOTS). WATER ACCUMULATING AT 88 BK (COMING OUT OF BOTTOM). 95 BK STOPPING PARTLY CRUSHED OUT (CURTAIN OVER IT). 154 BK STOPPING HALFWAY CRUSHED OUT.
4. LBB INTAKE: WATER NEEDS PUMPED AT 8 BK; WATER ACCUMULATING BETWEEN 12 BK & 13 BK.
5. LBB RETURN: WATER NEEDS PUMPED BETWEEN 14 BK & 15 BK (OVER BOOTS)

CORRECTIONS

STOPPINGS BUILT AT 49, 59, & 51 BK N MAINS
 WATER PUMPED AT 15 BK RET LBB

37002

- 2-06 TRAVELED North MAINS Section Intake from 50 BK to mouth AT OVERCAST 131 BK MAIN Intake
- 2-06 TRAVELED MAIN Intake from 129 BK North MAINS to 68 BK mouth of LBB Section
- 3-06 TRAVELED LBB RETURN & PANELS going to EP's
- 4-06 TRAVELED ACROSS FACES 1 Thru 3 HG 18
- 1-5-06 TRAVELED East Return from punchout to mouth of East Return 30 BK
- 2-5-06 TRAVELED North Return from 36 BK to outside LBB
- 0-6-06 TRAVELED LBB Intake from 16 BK on Section to 65 BK CONNECTION WITH MAIN Intake
- 1-6-06 TRAVELED LBB RETURN from 16 BK on Section to mouth AT (R)
- 1-6-06 TRAVELED MAIN Intake from mouth of LBB Section Intake 65 BK to 5 BK Airlock Doors

HAZARDOUS CONDITIONS

MAIN Intake: Stopping CRUSHING OUT AT 132 BK; Need some timbers SET BETWEEN 79 & 80 BK's #6 Entry.

N. MAINS Section Intake: Stoppings AT 3 BK & 11 BK NEED REBUILT starting to CRUSH OUT.

HG 18 FACES: DANGERED OFF #4, #5, #6 Entries (FALL BETWEEN #4 & #5 Entry 20B) (FALL JUST OUTBY 20B #5 Entry) #4 Entry ACROSS to #6 Entry HAS VERY BAD TOP.

LBB Intake: WATER Needs pumped AT 8 BK; WATER Accumulating BETWEEN 12 & 13 BK's.

LBB RETURN: WATER Needs pumped BETWEEN 14 BK & 15 BK (WATER OVER BOOTS)

(b) (7)(C)

37002

Signature

[Signature] 2996

Mine Foreman

Certificate No.

Signature

Superintendent or Assistant

Mine Citation/Order

U.S. Department of Labor
Mine Safety and Health Administration

11.14.6



Section I--Violation Data

1. Date Mo Da Yr 11/13/2006	2. Time (24 Hr. Clock) 1025	3. Citation/ Order Number 7258477
4. Served To BENNIE PRESTLY		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The no. 1 shield hauler on mmu 009 is not being maintain in permissible condition, the inby panel has a opening in excess of .005.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.503
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Section II--Inspector's Evaluation

10. Gravity:						
A. Injury or Illness (has) (is):		No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or Illness could reasonably be expected to be:		No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)						
A. None <input type="checkbox"/>		B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of Issuance (check one)				
		Citation <input checked="" type="checkbox"/>		Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>	
14. Initial Action				E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>		B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		
15. Area or Equipment						

16. Termination Due	A. Date Mo Da Yr 11/13/2006	B. Time (24 Hr. Clock) 2000
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Section III--Termination Action

17. Action to Terminate		
18. Terminated		
A. Date Mo Da Yr	B. Time (24 Hr. Clock)	

Section IV--Automated System Data


19. Type of Inspection (activity code) E01	20. Event Number 4111839	21. Primary or Mill
22. Signature		23. AR Number 23703

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

U.S. Department of Labor
Mine Safety and Health Administration

MS
11-16-6



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 11/13/2006	3. Citation Order Number 1258477 - 01
4. Served To Dempsey Pettry	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	

Section II--Justification for Action

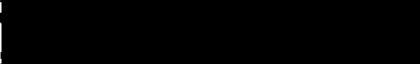
The opening in the panel has been closed.

See Continuation Form ☐

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111839		
11. Signature 	AR Number 23703	12. Date Mo Da Yr 11/15/2006	13. Time (24 Hr. Clock) 0925

Section I -- Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/>	1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue)	Mo 1	Da 1	Yr 3	3. Citation/ Order Number	7	2	5	8	4	7	7	-	0	2
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4. Served To By Certified Mail Greg Fernet	5. Operator Performance Coal Company
6. Mine Upper Big Branch - South	7. Mine ID 46 - 08436 - (contractor)

Section II -- Justification for Action

Upon further review at conference, this citation is modified as follows

Item 10 A is modified to Unlikely
Item 10 C is modified to Non-S&S

The shield hauler is mainly used in areas outby the section feeder.

See Continuation Form ☐


Section III -- Subsequent Action Taken

8. Extended To	Mo	Da	Yr	B. Time (24 Hr Clock)	C. Vacated <input type="checkbox"/>	D. Terminated <input type="checkbox"/>	E. Modified <input checked="" type="checkbox"/>
A. Date							

Section IV -- Inspection Data

9. Type of Inspection	T	0	2	10. Event Number	9	8	3	2	2	6	8				
11. [Redacted]	AR Number	2	0	7	3	0	12. Date	Mo	Da	Yr	13. Time (24 Hr. Clock)	1	1	3	0
								0	3	0	7	0	7		

Mine Citation/Order

U.S. Department of Labor
Mine Safety and Health AdministrationMS
11.14.7 

Section I--Violation Data

1. Date Mo Da Yr 11/13/2006	2. Time (24 Hr. Clock) 1035	3. Citation/ Order Number 7258478
4. Served To BENNIE PRESTLY		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

Up to date, date time and initials was not present at the hauler charger station.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.360(e)
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Section II--Inspector's Evaluation

10. Gravity:						
A. Injury or illness (has) (is):		No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:		No Lost Workdays <input checked="" type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)						
A. None <input type="checkbox"/>		B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of Issuance (check one)				
		Citation <input checked="" type="checkbox"/>		Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>	
14. Initial Action				E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>		B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		
15. Area or Equipment						

16. Termination Due	A. Date Mo Da Yr 11/13/2006	B. Time (24 Hr. Clock) 1045
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Section III--Termination Action

17. Action to Terminate Up to date, date time and initials was put at the charger after a examination was maked:

18. Terminated	A. Date Mo Da Yr 11/13/2006	B. Time (24 Hr. Clock) 1035
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Section IV--Automated System Data

19. Type of Inspection (activity code)	20. Event Number 4111839	21. Primary or Mill
22. Signature	23. AR Number 23703	

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

U.S. Department of Labor
Mine Safety and Health AdministrationMS
11-14-6

4/30/07

Section I--Violation Data

1. Date Mo Da Yr 11/13/2006	2. Time (24 Hr. Clock) 1040	3. Citation/ Order Number 7258479
4. Served To BENNIE PRESTLY		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

Up to date, date time and initials was not present in the faces of mmu 009 section.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.360(e)
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Section II--Inspector's Evaluation

10. Gravity:						
A. Injury or Illness (has) (is):		No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or Illness could reasonably be expected to be:		No Lost Workdays <input checked="" type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 001	
11. Negligence (check one)						
A. None <input type="checkbox"/>		B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of Issuance (check one)				
		Citation <input checked="" type="checkbox"/>		Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>	
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr	
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>						
15. Area or Equipment						

16. Termination Due	A. Date Mo Da Yr 11/13/2006	B. Time (24 Hr. Clock) 1115
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Section III--Termination Action

17. Action to Terminate Up to date, date time and initials was present after a examination was maked.


18. Terminated	A. Date Mo Da Yr 11/13/2006	B. Time (24 Hr. Clock) 1055
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111839	21. Primary or Mill
22. Signature	23. AR Number 23703	

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

U.S. Department of Labor
Mine Safety and Health AdministrationMS
11.14.6


4/30/07

Section I--Violation Data

1. Date Mo Da Yr 11/13/2006	2. Time (24 Hr. Clock) 1100	3. Citation/ Order Number 7258480
4. Served To BENNIE PRESTLY		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The emergency parking brake on the no. 184 scoop on mmu 009 section did not activate immediately by the emergency de-energizing device.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.523-3(b)(1)
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Section II--Inspector's Evaluation

10. Gravity:						
A. Injury or Illness (has) (is):		No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or Illness could reasonably be expected to be:		No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)						
A. None <input type="checkbox"/>		B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action		104(a)		13. Type of Issuance (check one)		
				Citation <input checked="" type="checkbox"/>	Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action				E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>		B. Order <input type="checkbox"/>		C. Safeguard <input type="checkbox"/>		D. Written Notice <input type="checkbox"/>
15. Area or Equipment						

16. Termination Due	A. Date Mo Da Yr 11/13/2006	B. Time (24 Hr. Clock) 2000
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Section III--Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number 4111839	21. Primary or Mill
22. Signature			23. AR Number 23703

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

U.S. Department of Labor
Mine Safety and Health Administration

11-16-06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) 11/13/2006	3. Citation/ Order Number 7258480 - 01
4. Served To Dempsey Pettry	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	

Section II--Justification for Action

The Parking brake was repaired. It now activates immediately upon de-energizing the machine.

See Continuation Form ☐

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111839		
11. Site [REDACTED]	AR Number 23703	12. Date Mo Da Yr 11/15/2006	13. Time (24 Hr. Clock) 0915

Mine Citation/Order

U.S. Department of Labor
Mine Safety and Health AdministrationMS
11.14.6

4/30/07

Section I--Violation Data

1. Date Mo Da Yr 11/13/2006	2. Time (24 Hr. Clock) 1230	3. Citation/ Order Number 7258481
4. Served To BENNIE PRESTLY		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The pre-shift examiner did not conduct a adequate pre-shift examination on mmu 009 section, water that was found in the no. 4,5, and 6 entry, one and half breaks outby the face that measured 1 inch to 29 inches, was not reported.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.360(a)(1)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number		F. Dated Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr 11/13/2006	B. Time (24 Hr. Clock) 1400
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Section III--Termination Action

17. Action to Terminate Adequate pre-shift examination was conducted and the hazards was reported.

18. Terminated	A. Date Mo Da Yr 11/13/2006	B. Time (24 Hr. Clock) 1300
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111839	21. Primary or Mill
22. Signature		23. AR Number 23703

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

U.S. Department of Labor
Mine Safety and Health Administration

Section I -- Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/>	1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue)	Mo 1	Da 1	Yr 3	3. Citation/ Order Number	7	2	5	8	4	8	1	-	0	1
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4. Served To By Certified Mail Greg Fennett	5. Operator Performance Coal Company
6. Mine Upper Big Branch - South	7. Mine ID 4 6 - 0 8 4 3 6 - (contractor)

Section II -- Justification for Action

Upon further review at conference, this citation is modified as follows

Item 10 A is modified to Unlikely
Item 10 C is modified to Non-S&S

The accumulated water was in the face entries.

See Continuation Form ☐

Section III -- Subsequent Action Taken

8. Extended To A. Date	Mo	Da	Yr	B. Time(24HrClock)	C. Vacated <input type="checkbox"/>	D. Terminated <input type="checkbox"/>	E. Modified <input checked="" type="checkbox"/>
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Section IV -- Inspection Data

9. Type of Inspection T 0 2	10. Event Number 9 8 3 2 2 6 8	AR Number 2 0 7 3 0	12. Date Mo Da Yr 0 3 0 7 0 7	13. Time(24 Hr.Clock) 1 1 4 5
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Mine Citation/Order

U.S. Department of Labor
Mine Safety and Health AdministrationMS
11.16.01

Section I--Violation Data

1. Date Mo Da Yr 11/15/2006	2. Time (24 Hr. Clock) 0801	3. Citation/ Order Number 7258482
4. Served To Dempsey Pettry		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The operator is not following the approved smoker program. The last time the day shift had been searched was 11/04/2006.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1702-1
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input checked="" type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number		F. Dated Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr 11/15/2006	B. Time (24 Hr. Clock) 1500
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Section III--Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111839	21. Primary or Mill
22. Signature		23. AR Number 23703

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small businesses. If you wish to comment on the enforcement actions of MSHA, you may call 1-800-451-7000 (T-800-451-7000), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

U.S. Department of Labor
Mine Safety and Health Administration

MS
11-30-06


Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 11/15/2006	3. Citation/ Order Number 7258482 - 01
4. Served To Dempsey Pettry	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	

Section II--Justification for Action

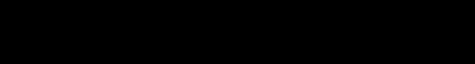
The operator conducted a smoke search and a record was provided.

See Continuation Form ☐

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated <input checked="" type="checkbox"/> D. Terminated <input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111839		
11. S 	AR Number 23703	12. Date Mo Da Yr 11/28/2006	13. Time (24 Hr. Clock) 0823

Mine Citation/Order

U.S. Department of Labor
Mine Safety and Health Administration

11-30-06



Section I--Violation Data

1. Date Mo Da Yr 11/30/2006	2. Time (24 Hr. Clock) 0130	3. Citation/ Order Number 7258485
4. Served To PAUL THOMPSON		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		

Loose coal and float coal dust measuring 1 inch to 8 inches is present under the no. 8 belt conveyor beginning at the belt head and to the tail piece, also float coal dust has accumulate in the belt entry and in the cross cuts.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.400
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or Illness could reasonably be expected to be: No Lost Workdays <input checked="" type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number		F. Dated Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr 11/30/2006	B. Time (24 Hr. Clock) 1200
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Section III--Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111839	21. Primary or Mill
22. Signature		23. AR Number 23703

MSHA Form 7000-3, (Rev. 05-2005) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

U.S. Department of Labor
Mine Safety and Health Administration

MS
12.6.6



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) 11/30/2006 Mo Da Yr	3. Citation/ Order Number 7258485 - 01
4. Served To wendell wills	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	

Section II--Justification for Action

Loose coal was removed, and the area was rock dusted.

See Continuation Form ☐

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated <input checked="" type="checkbox"/> D. Terminated <input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111839		
11. Signa [REDACTED]	AR Number 23703	12. Date Mo Da Yr 12/05/2006	13. Time (24 Hr. Clock) 1225

Mine Citation/Order

U.S. Department of Labor
Mine Safety and Health AdministrationMS
11-30-06

Section I--Violation Data

1. Date Mo Da Yr 11/30/2006	2. Time (24 Hr. Clock) 0135	3. Citation/ Order Number 7258486
4. Served To PAUL THOMPSON	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The mine roof is not adequately supported at the no. 8 KVA box, beginning at the front end of the box and extending over into the no. 4 entry to the stopping, the mine roof is broken, cracked and gapped down at the return stopping and over the KVA box, also the inby rib has a cutter running from the KVA box into the no. 4 entry.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.202(a)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number		F. Dated Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr 11/30/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111839	21. Primary or Mill
22. Signature		23. AR Number 23703

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

U.S. Department of Labor
Mine Safety and Health Administration

11.23.7



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) 11/30/2006	3. Citation/ Order Number 7258486 - 01
4. Served To wendell wills	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	

Section II--Justification for Action

Timbers and header was installed in the area of the power center.

See Continuation Form ☐

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111839		
11. Signature [Redacted]	AR Number 23703	12. Date Mo Da Yr 12/05/2006	13. Time (24 Hr. Clock) 1230

Plan Review

U.S. Department of Labor
Mine Safety and Health Administration



1. MSHA Office 0401 - Mt. Hope, WV		2. Mine ID 46-08436
3. Mine Name UPPER BIG BRANCH MINE-SOUTH	4. Company Name PERFORMANCE COAL COMPANY	

Roof Control


☒ Adequate ☐ Deficiencies in Plan (Briefly Describe)

The mine roof appears to solid with no surface cracks observed, the area on the north west mains is show some areas were the roof is breaking and cracking, citations has been issued in this areas.

Ventilation

☒ Adequate ☐ Deficiencies in Plan (Briefly Describe)

The ventilation plan appears to adequate to remove the respirable dust from the working section and the mine.

	12-28-06		
Inspector Signature	Date	Supervisor Signature	Date
		Ray T. Sandoz	12-28-06

14

UNITED STATES DEPARTMENT OF LABOR
MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA
ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH
Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436
Inspector: [REDACTED]

Date(s) Collected: 10/03/2006
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
N8361	LOB - 030 MMU	0.040	20.61	0.000	0.000	22990	0

THE PERCENTAGE OF NITROGEN CAN BE DETERMINED BY SUBTRACTING THE SUM OF THE REPORTED VALUES FROM 100.00

N^r

UNITED STATES DEPARTMENT OF LABOR
MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA
ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH
Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436
Inspector: [REDACTED]

Date(s) Collected: 10/04/2006
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
N8370	#2 TRACK PORTAL - NORTH SIDE	0.050	20.67	0.000	0.000	12654	0
N8382	#3 PORTAL - SOUTH SIDE	0.040	20.69	0.000	0.000	5625	0
N8371	#1 PORTAL - NORTH SIDE	0.050	20.66	0.000	0.000	5365	0
N8392	#1 PORTAL - SOUTH SIDE	0.040	20.70	0.000	0.000	4311	0
N8362	#2 PORTAL TRACK - SOUTH SIDE	0.040	20.70	0.000	0.000	8652	0
N8372	#3 PORTAL TRACK - NORTH SIDE	0.050	20.70	0.000	0.000	20900	0

THE PERCENTAGE OF NITROGEN CAN BE DETERMINED BY SUBTRACTING THE SUM OF THE REPORTED VALUES FROM 100.00

M 3
10-19-06

UNITED STATES DEPARTMENT OF LABOR
MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA
ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH
Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436
Inspector: [REDACTED]

Date(s) Collected: 10/16/2006
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
N7377	NO. 5 DRIFT - NORTH PORTAL	0.060	20.22	0.010	0.000	43197	6220

THE PERCENTAGE OF NITROGEN CAN BE DETERMINED BY SUBTRACTING THE SUM OF THE REPORTED VALUES FROM 100.00

RT
10-23-06

UNITED STATES DEPARTMENT OF LABOR
MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA
ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH
Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436
Inspector: XXXXXXXXXX

Date(s) Collected: 10/18/2006
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
N6030	NO. 2 DRIFT - EAST PORTAL - ** NO SAMPLE IN VIAL **	-0-	-0-	-0-	-0-	6720	-0-
N7368	NO. 1 DRIFT - EAST PORTAL	0.060	20.70	0.000	0.000	19520	0
N7356	NO. 3 DRIFT - EAST PORTAL	0.070	20.70	0.010	0.000	704	101

THE PERCENTAGE OF NITROGEN CAN BE DETERMINED BY SUBTRACTING THE SUM OF THE REPORTED VALUES FROM 100.00

UNITED STATES DEPARTMENT OF LABOR
MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA
ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH
Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436
Inspector: [REDACTED]

Date(s) Collected: 11/15/2006
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
N7365	L.O.B. - 009	0.070	20.83	0.080	0.000	35815	41259

THE PERCENTAGE OF NITROGEN CAN BE DETERMINED BY SUBTRACTING THE SUM OF THE REPORTED VALUES FROM 100.00

11.30.06

UNITED STATES DEPARTMENT OF LABOR
MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA
ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH
Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436
Inspector: [REDACTED]

Date(s) Collected: 11/28/2006
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
N8377	JARRELL BRANCH FAN	0.320	20.38	0.060	0.000	468825	405065

THE PERCENTAGE OF NITROGEN CAN BE DETERMINED BY SUBTRACTING THE SUM OF THE REPORTED VALUES FROM 100.00

SHA Form 7000-10N, June 93 (revised)

MON
DAY

46-08436

DAILY COVER SHEET EOI

Date 12-04-06 Event No. 4111839

Arrived at the Mine _____ Departed from the Mine _____

List Records Books Checked PRE-Shift on Shift

BETH, MINE MAP

Accompanied By: Company Representative WENDELL

Wills

Miners Representative ROGER CANTLEY

AREAS OF INSPECTION ACTIVITY:

Respirable Dust Pumps
MMU 030.0 / 930.0

Inspector's Initial

Supervisor's Initials and Date

*U.S. Government Printing Office: 1997 - 508-470

#1 Entry Main Intake

$$\begin{array}{r} 7 \\ 130 \\ \hline 235 \\ 30550 \text{ CFM} \end{array}$$

#1 FACE AT MINER

$$\begin{array}{r} A=21 \\ V=410 \\ \hline 9010 \end{array}$$

#1 FACE AT BOLLER

$$\begin{array}{r} A=21 \\ V=265 \\ \hline 5565 \end{array}$$

#2 FACE AT MINER

$$\begin{array}{r} A=21 \\ V=405 \\ \hline 8505 \end{array}$$

Date _____ Inspector's Initial _____

Supervisor's D&I _____ MS 12.5.6 Page No. _____

*U.S. Government Printing Office: 1997 - 508-470

#3 FACE AT MINER

$$\begin{array}{r} A=70 \\ V=225 \\ \hline 15750 \end{array}$$

#4 To #5 LOB

$$\begin{array}{r} A=133 \\ V=145 \\ \hline 19285 \text{ CFM} \end{array}$$

#4 FACE AT MINER

$$\begin{array}{r} A=14 \\ V=665 \\ \hline 9310 \end{array}$$

#3 FACE AT BOLLER

$$\begin{array}{r} A=21 \\ V=335 \\ \hline 7035 \end{array}$$

Date _____ Inspector's Initial _____

Supervisor's D&I _____ MS 12.5.6 Page No. _____

*U.S. Government Printing Office: 1997 - 508-470

Left MINER 65 sprays
At 65 PSI.

Right MINER 64 sprays
At 60 PSI.

24 FACE AT BOLLER
A = 21
V = 280
5880

5 FACE AT MINER
A = 21
1285
14385

Inspector's Initial

Inspector's D&I

105
12.3.6

Page No.

**0401-0002
REPORT NO: MSD014

RESPIRABLE DUST SAMPLING INSPECTION RESULTS

DECEMBER 7, 2006

FO Super
12/12/06

MINE ID NUMBER

46-08436

MINE NAME - UPPER BIG BRANCH MINE-SOUTH

COMPANY NAME - PERFORMANCE COAL COMPANY

ENTITY ID 030-0

SAMPLING DATE 12-04-2006

PRODUCTION THIS SHIFT
875

SHIFT: 06

*
* AVG. PROD. (FOR LAST 30 PROD. SHIFTS) _____
*
* SURVEY CONDUCTED BY Stanger, L
*

TYPE OF SAMPLE	OCCUPATION CODE	CASSETTE	TIME	DUST CONC	INITIAL WEIGHT	FINAL WEIGHT	CF WGT	CF VOID	DUST STANDRD	VOID CODE	CITATION NO
2	046	57683553	480	0.434	489.506	489.802	-	0.006	1.70		
2	050	57683534	480	0.448	490.011	490.317	-	0.006	1.70		
2	050	57683571	480	0.445	491.375	491.679	-	0.006	1.70		
2	054	57683561	480	0.447	489.942	490.247	-	0.006	1.70		

MS
12-12-06

**0401-0003
REPORT NO: MSD014

RESPIRABLE DUST SAMPLING INSPECTION RESULTS

DECEMBER 7, 2006

MINE ID NUMBER

46-08436

MINE NAME - UPPER BIG BRANCH MINE-SOUTH

COMPANY NAME - PERFORMANCE COAL COMPANY

ENTITY ID 030-0

SAMPLING DATE 12-04-2006

PRODUCTION THIS SHIFT
875

SHIFT: 07

*
* AVG. PROD. (FOR LAST 30 PROD. SHIFTS) _____
*
* SURVEY CONDUCTED BY _____
*

TYPE OF SAMPLE	OCCUPATION CODE	CASSETTE	TIME	DUST CONC	INITIAL WEIGHT	FINAL WEIGHT	CF WGT	CF VOID	DUST STANDRD	VOID CODE	CITATION NO
1	036	57683535	480	1.372	489.541	490.490	- 0.006		1.70		_____

MS
12.12.06

**0401-0004.
REPORT NO: MSD014

RESPIRABLE DUST SAMPLING INSPECTION RESULTS

DECEMBER 7, 2006

MINE ID NUMBER

46-08436

MINE NAME - UPPER BIG BRANCH MINE-SOUTH

COMPANY NAME - PERFORMANCE COAL COMPANY

ENTITY ID 930-0

SAMPLING DATE 12-04-2006

PRODUCTION THIS SHIFT
875

SHIFT: 06

*
* AVG. PROD. (FOR LAST 30 PROD. SHIFTS) _____
*
* SURVEY CONDUCTED BY _____
*

TYPE OF SAMPLE	OCCUPATION CODE	CASSETTE	TIME	DUST CONC	INITIAL WEIGHT	FINAL WEIGHT	CF WGT	CF VOID	DUST STANDRD	VOID CODE	CITATION NO
3	000	57683566	480	0.550	490.815	491.192	-	0.006	0.90		

Mine Safety and Health Administration

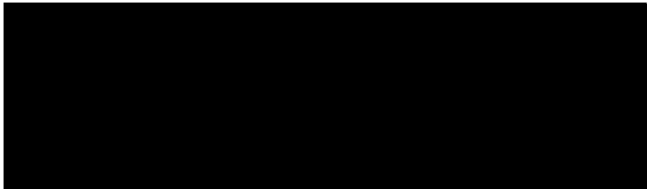
Coal Inspection Tracking Report



Mine ID: 46-08436
Company Name: PERFORMANCE COAL COMPANY
Mine Name: UPPER BIG BRANCH MINE-SOUTH
Activity Code: E01
Event Number: 4111839

Mining Height (inches): 58
Number Employees: 195
Number Production Shifts: 2
Number Maintenance Shifts: 1

The undersigned certify by signature that they have completed the minimum requirements as defined by the inspection procedures listed within this tracking system and the Coal General Inspection Procedures Handbook. All AR's who participated in this inspection event must sign this cover sheet and initial each report page where their AR number indicates participation on this investigation or inspection activity.

AR Signature	AR #	Date
	23703	<u>12/30/2006</u>
	23879	<u>12/26/2006</u>

The undersigned supervisor certifies that the documentation contained in this set of Inspection Tracking reports indicates that the minimum requirements for this event have been completed. Each report page must also be initialed to certify review.

Ray T. Sander
Reviewing Supervisor Signature

12/28/06
Date

U.S. Department of Labor
Mine Safety and Health Administration



MineID: 4608436 Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: LT

Coal Inspection Tracking System

General

Advised of Conference Procedures (Miner Rep)

Required= No

Upon issuing any enforcement action, the inspector advised the operator and miners' representative of procedures for requesting a safety and health conference under 30 CFR 100.6(b). The purpose of the safety and health conference is to submit any additional information relating to action taken by the inspector.

Advised of Conference Procedures (Operator)

Required= Yes

Upon issuing any enforcement action, the inspector advised the operator and miners' representative of procedures for requesting a safety and health conference under 30 CFR 100.6(b). The purpose of the safety and health conference is to submit any additional information relating to action taken by the inspector.

Date	AR #		Shift	Complete
10/3/2006	23703	DEMPSEY PETTRY	1	<input checked="" type="checkbox"/>

Check In And Out System

Required= Yes

The inspector determined the system being used at the mine complied with 30 CFR 75.1715.

Date	AR #		Shift	Complete
10/3/2006	23703	BATHHOUSE	1	<input checked="" type="checkbox"/>

First Day Arrival In Advance Of Starting Time

Required= Yes

The inspector arrived at the mine on the first day of the inspection in advance of starting time. Sufficient time was allowed for pre-inspection contacts, a preliminary review of record books, and an overview of the mine map to determine which area of the mine to begin the inspection. A physical inspection of the mine began immediately after the pre-inspection contacts were made. If a physical inspection of the mine did not begin on the first day of a regular inspection MSHA supervision or management was informed prior to the inspector leaving mine property.

Date	AR #		Shift	Complete
10/3/2006	23703		1	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: RS

Coal Inspection Tracking System

General

Independent Contractors**Required= No**

All independent contractors encountered were inspected for compliance with applicable standards, including: observations of work practices, comparing training records with information received from workers, and inspection of equipment. MSHA Form 2000-208 (inspection notes page) was completed and submitted as part of the inspection report.

Interim Conference**Required= Yes**

When daily conferences were not possible, regularly scheduled interim conferences were conducted. These conferences provided an overview of the inspection activities and an opportunity for the operator and miners' representatives to express any concerns.

Date	AR #	Shift	Complete
11/13/2006	23703	2	<input checked="" type="checkbox"/>

Mine Map Reviewed (First Day For Hazards)**Required= Yes**

The inspector, prior to going underground on the first day of the inspection, studied the mine map for consistency with approved mining methods, mining in proximity to worked-out areas, oil and gas wells, fuel transmission lines, bodies of water that could present an underground flood hazard, mines located adjacent to, above and below active workings, and any danger that surface mining may present to underground miners.

Date	AR #	Shift	Complete
10/3/2006	23703	1	<input checked="" type="checkbox"/>

Notification of Inspection (Miner Representative)**Required= No**

On the first day of the inspection, the inspector notified the miner representative of the type of inspection to be conducted and scheduled a time for a pre-inspection conference. On subsequent days of the inspection, the inspector notified the representative of the continuing inspection and afforded them the opportunity to exercise their rights under 103(f) of the Mine Act.

Date	AR #	Shift	Complete
12/4/2006	23879	2	<input checked="" type="checkbox"/>

ROGER CANTLEY

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

MT

Coal Inspection Tracking System

General

Notification of Inspection (Operator)

Required= Yes

On the first day of the inspection, the inspector notified the operator of the type of inspection to be conducted and scheduled a time for a pre-inspection conference. On subsequent days of the inspection, the inspector notified the representative of the continuing inspection and afforded them the opportunity to exercise their rights under 103(f) of the Mine Act.

Date	AR #		Shift	Complete
12/4/2006	23879	WENDELL WILLS	2	<input type="checkbox"/>
10/3/2006	23703	DEMPSEY PETTRY	1	<input checked="" type="checkbox"/>

Observed Man-trips In And Out Of Mine

Required= Yes

The inspector evaluated mantrip operating practices for safety by observing at least one mantrip in and out of the mine.

Date	AR #		Shift	Complete
12/4/2006	23879		2	<input type="checkbox"/>
10/3/2006	23703		1	<input checked="" type="checkbox"/>

Post-Inspection Conference

Required= Yes

The inspector scheduled and held a post-inspection conference with the mine operator and miners representative (where applicable). The conference included a summary of all enforcement actions (including root causes) and any observations concerning conditions or practices. Accidents at the mine and any samples or surveys taken during the inspection were discussed.

Pre-Inspection Conference

Required= Yes

The inspector scheduled and held a pre-inspection conference with both the mine operator and miners representative (where applicable). The conference was conducted on or soon after the first day of inspection and covered enforcement actions, the accident history at the mine, a comparison to the national accident incident rates, and results of pertinent samples or surveys taken during previous inspections.

Date	AR #		Shift	Complete
10/3/2006	23703		1	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials: 145

Coal Inspection Tracking System

General

Travel with Mine Examiner - On-shift

Required= Yes

The inspector accompanied at least one mine examiner during a required on-shift examination of the mine to detect any unsafe practices and determine that adequate examinations were being conducted.

Date	AR #	Shift	Complete
12/4/2006	23879	2	<input type="checkbox"/>
10/3/2006	23703	2	<input checked="" type="checkbox"/>

Travel With Mine Examiner - Preshift

Required= Yes

The inspector accompanied at least one mine examiner during a required pre-shift examination of the mine to detect any unsafe practices and determine that adequate examinations were being conducted.

Date	AR #	Shift	Complete
10/3/2006	23703	2	<input checked="" type="checkbox"/>

Travel With Mine Examiner - Weekly

Required= Yes

The inspector accompanied at least one mine examiner during a required weekly examination of the mine to detect any unsafe practices and determine that adequate examinations were being conducted.

Date	AR #	Shift	Complete
10/3/2006	23703	2	<input checked="" type="checkbox"/>

Uniform Mine File Reviewed

Required= Yes

The inspector reviewed the Uniform Mine File (UMF) just prior to conducting the inspection. The type of event and the area to be inspected dictated the extent of the review per Uniform Mine File Procedures Handbook.

Date	AR #	Shift	Complete
10/2/2006	23703	2	<input checked="" type="checkbox"/>
12/4/2006	23879	2	<input checked="" type="checkbox"/>



MineID: 4608436 Event Number: 4111839 Activity Code: E01

Inspector(s) Initial

Supervisor Initials: *MS*

Coal Inspection Tracking System

Records

All Required Noise Exposure Records (Reviewed)

Required= Yes

The inspector determined if the operator was maintaining applicable records required by 30 CFR Part 62.110(e), 62.130(a), 62.171(c), 62.180(b), and 62.190.

Date	AR #	Record For	Shift	Complete
11/13/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

ATRS Certification (Available)

Required= Yes

The inspector determined if the operator had available a certification, by a registered engineer for each ATRS system at the mine, stating that the ATRS system meets the structural capacity as required by 30 CFR 75.209(e)(1) and 75.209(e)(2).

Date	AR #	Record For	Shift	Complete
11/13/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Canopies And Cabs; Self-Propelled Equipment

Required= Yes

The inspector evaluated compliance with 30 CFR 75.1710-1(e) by determining if the operator had evidence of certification by a registered engineer for each canopy or cab system at the mine, stating that it met the required structural capacity.

Date	AR #	Record For	Shift	Complete
11/13/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Certifications And Records Of Daily Hoist

Required= No

The operator's compliance with recording required examinations required by 30 CFR 75.1400-4 & 77.1404 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials:

Coal Inspection Tracking System

Records

Clean Up Program

Required= Yes

The inspector reviewed the cleanup program required by 75.400-2 and determined if it was available in written form.

Date	AR #	Record For	Shift	Complete
10/3/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Daily And Monthly Examination Of Ventilation Fans

Required= Yes

The operator's compliance with recording required examinations required by 30 CFR 75.312 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
12/4/2006	23879	Mine Office	2	<input type="checkbox"/>
10/3/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Daily Examination Of Hoist Shaft Sinking

Required= No

The operator's compliance with recording required examinations required by 30 CFR 77.1906 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Daily Inspection of Active Areas (Surface Mine)

Required= No

The operator's compliance with recording examinations required by 30 CFR 77.1713 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Diesel Exhaust Gas Records (Exceeding The TLV)

Required= No

The operator's compliance with recording Diesel Engine Performance examinations required by 30 CFR 75.1914(g)(5) was evaluated. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Diesel Training And Qualification List

Required= No

The inspector determined if the operator was maintaining records required by 30 CFR Part 75.1915(c).

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials:

Coal Inspection Tracking System

Records

Electrical Map (Reviewed)

Required= Yes

The inspector reviewed the map of the electrical system required by 30 CFR 75.508 and interviewed the person responsible for its maintenance to determine the location of each electrical unit. The map accuracy was evaluated by comparing the electrical unit locations recorded on the map to actual locations encountered during the inspection.

Date	AR #	Record For	Shift	Complete
10/3/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Emergency Medical Assistance Review

Required= Yes

The inspector reviewed and compared the emergency medical assistance agreement with the information posted at the mine, as required by 30 CFR 75.1713-1 and 77.1702.

Date	AR #	Record For	Shift	Complete
10/16/2006	23703	Entire Mine	3	<input checked="" type="checkbox"/>

Evaluate The Approved Mine Ventilation Plan

Required= Yes

The inspector reviewed the operators currently approved mine ventilation plan required by 75.370(a)(1) and determined if it was suitable to conditions observed in the mine during this inspection. This evaluation included information obtained from the miners and the mine operator. The results of this evaluation was recorded on MSHA Form 2000-204 and submitted with completed inspection report for this event.

Date	AR #	Record For	Shift	Complete
10/4/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Evaluate The Approved Roof Control Plan

Required= Yes

The inspector reviewed the operators currently approved roof control plan required by 75.220(a)(1) and evaluated the plan by making on site observation of the effectiveness of controls being installed. This evaluation included information obtained from the miners and the mine operator. The results of this evaluation was recorded on MSHA Form 2000-204 and submitted with completed inspection report for this event.

Date	AR #	Record For	Shift	Complete
10/4/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Examinations Of Impoundments

Required= No

The operator's compliance with recording examinations required by 30 CFR 77.216-3 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials:

Coal Inspection Tracking System

Records

Fire Doors**Required= No**

The operator's compliance with recording examinations required by 30 CFR 75.1708 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations were recorded.

Fire Suppression Systems/Permanent Diesel Storage**Required= No**

The operator's compliance with recording examinations required by 75.1911 and 75.1912 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations were recorded.

First-Aid Training Supervisory Employees**Required= Yes**

The inspector reviewed MSHA 5000-23 forms at the mine sufficient to determine if training was provided in accordance with 30 CFR 75.1713-3. A representative number of supervisors were polled to determine the quality of the training.

Date	AR #	Record For	Shift	Complete
11/15/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Hazardous Conditions Postings And Corrections**Required= Yes**

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
12/4/2006	23879	Mine Office	2	<input type="checkbox"/>
10/10/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

High Voltage Longwall Equipment**Required= No**

The operator's compliance with recording of examinations required by 30 CFR 75.821 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Independent Contractor Register**Required= Yes**

The inspector reviewed the production operator's independent contractor register required by 30 CFR 45.4(b). Any new data or updates to MSHA's Contractor Database were noted and submitted on MSHA Form 2000-205.

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initial

Supervisor Initials: MT

Coal Inspection Tracking System

Records

Inspection And Test Of Automatic Fire Sensors**Required= Yes**

The operator's compliance with recording examinations required by 30 CFR 75.1103-8 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
10/4/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Maintenance Record Diesel Engine Performance**Required= No**

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Methane Monitor Calibration Test**Required= Yes**

The operator's compliance with recording tests required by 30 CFR 75.342(a)(4) was evaluated by reviewing prior records back to the ending date of the last regular safety and health inspection and by polling miners.

Date	AR #	Record For	Shift	Complete
10/4/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Mine Emergency Evacuation and FF Program**Required= Yes**

The inspector reviewed mine evacuation drills records required by 30 CFR 75.1502(c)(2) to determine if all miners on all shifts have participated at intervals of not more than 90 days. The effectiveness of the program was evaluated by polling miners on their participation and familiarity with the program.

Date	AR #	Record For	Shift	Complete
10/16/2006	23703	Entire Mine	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: LT

Coal Inspection Tracking System

Records

Mine Map (Reviewed)

Required= Yes

The inspector reviewed the up-to-date mine map required by 30 CFR 75.1200 relative to approved mining methods and gave special attention concerning ventilation controls, air-flow direction and required temporary notations to determine its accuracy.

Date	AR #	Record For	Shift	Complete
12/4/2006	23879	Mine Office	2	<input type="checkbox"/>
10/3/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Monthly Examination Of Surface Electrical Equip

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 77.502 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
10/30/2006	23703		2	<input checked="" type="checkbox"/>

Monthly Examination Of Surface HV Circuits

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 77.800-2 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
10/30/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Monthly Examination Of Surface LMV Circuits

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 77.900-2). was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
10/30/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: 

Coal Inspection Tracking System

Records

Monthly Testing Of UG High Voltage CB*Required= Yes*

The operator's compliance with recording examinations required by 30 CFR 75.800-4 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
10/30/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Monthly Testing Of UG Low And Medium Voltage CB*Required= Yes*

The operator's compliance with examinations required by 30 CFR 75.900-4 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
10/30/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Movement of HV Power Centers and Transformers*Required= No*

The operator's compliance with recording examinations required by 30 CFR 75.812 was evaluated by comparing information recorded in the record book with on site observations and information obtained during discussions with the miners and the mine operator.

Noise Program (Reviewed) (Surface)*Required= No*

The inspector determined the operator was maintaining all records required by his current Hearing Conservation Program. Noise surveys were conducted in accordance with current health inspection procedures.

Noise Program (Reviewed) (Underground)*Required= Yes*

The inspector determined the operator was maintaining all records required by his current Hearing Conservation Program.

Date	AR #	Record For	Shift	Complete
11/15/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Operator's Respirable Dust Program (Sur)*Required= No*

The inspector evaluated the current respirable dust control plan. An onsite evaluation was made of surface locations, miners were polled, and respirable dust samples collected pursuant to current Coal Mine Health Inspection Procedures Handbook.

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: MS

Coal Inspection Tracking System

Records

Operator's Respirable Dust Program (UG)

Required= Yes

The inspector reviewed records required by the respirable dust control portion of the mine ventilation plan and analysis reports of operator's respirable dust samples to determine if they were maintained and posted as required.

Date	AR #	Record For	Shift	Complete
12/4/2006	23879	Mine Office	2	<input type="checkbox"/>
Running Respirable Dust Pumps MMU 030-0/930-0				
11/15/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Part 47 Hazcom Records

Required= Yes

The inspector reviewed the written HazCom program, material safety data sheets, and chemical inventory.

Date	AR #	Record For	Shift	Complete
11/15/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Part 48 Training Records (5000-23 Forms)

Required= Yes

The inspector reviewed MSHA 5000-23 forms sufficient to determine if required training was provided and discussed the contents of the training with a representative number of workers to evaluate the quality of the training.

Part 49 Training Records (Mine Rescue Teams)

Required= Yes

The inspector reviewed MSHA 5000-23 forms to determine if required training was provided and discussed the contents of the training with mine rescue team members to evaluate the quality of the training.

Date	AR #	Record For	Shift	Complete
10/10/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Part 50 Records (7000-1 and 7000-2 Forms)

Required= Yes

The inspector reviewed MSHA 7000-1 forms at the mine and compared the information with that submitted to MSHA. The forms were compared to information obtained from miners polled to determine if events were properly reported. The inspector reviewed MSHA 7000-2 forms to determine if they were maintained at the mine office nearest the mine and submitted in a timely manner.

Date	AR #	Record For	Shift	Complete
10/3/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials: lt

Coal Inspection Tracking System

Records

Petitions For Modifications Granted For Mine

Required= No

The inspector reviewed petitions for modifications to determine if circumstances under which they were granted were still valid, if they were posted on the mine bulletin board per 30 CFR 44.5(b), and if current petitions are posted per 30 CFR 44.9.

Preshift & On-Shift Examination

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.360 & 75.362 were evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
10/24/2006	23703	Entire Mine	2	<input type="checkbox"/>
12/4/2006	23879	Mine Office	2	<input type="checkbox"/>
10/3/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>
10/4/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>
10/10/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>
10/16/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>
10/18/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>
10/30/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>
11/6/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>
11/8/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>
11/29/2006	23703	Entire Mine	3	<input checked="" type="checkbox"/>

Preshift & On-Shift Examination (Slope & Shafts)

Required= No

The operator's compliance with recording examinations required by 30 CFR 77.1901 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initial

Supervisor Initials: ET

Coal Inspection Tracking System

Records

Record Of AMS Alarm Activation*Required= Yes*

The AMS signal device or alarm activation records were reviewed back to the ending date of the last regular safety and health inspection to evaluate compliance with 30 CFR 75.351(o).

Date	AR #	Record For	Shift	Complete
11/15/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Record Of Certified And Qualified Persons Surface*Required= No*

The inspector reviewed and compared the qualification list required by 30 CFR 75.159 and 77.106 with copies of individual training records.

Record Of Certified And Qualified Persons UG*Required= Yes*

The inspector reviewed and compared the qualification list with copies of individual training records.

Date	AR #	Record For	Shift	Complete
10/3/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Record Of Inspections For Thermal Dryers*Required= No*

Thermal dryer control instrument records were reviewed to evaluate compliance with 30 CFR 77.314.

Recorded Measurements For Initial Rope Stretch*Required= No*

The inspector reviewed the record book and determined if the results of all required measurements were recorded.

Required Hoist Rope Tests*Required= No*

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials: MT

Coal Inspection Tracking System

Records

Respirable Dust Control Plan (Posted)

Required= Yes

The inspector reviewed records required by the current respirable dust control plan and analysis reports of operator's respirable dust samples to determine if they were maintained and posted as required by 30 CFR 71.210(b) and 71.301(d)..

Date	AR #	Record For	Shift	Complete
12/4/2006	23879	Mine Office	2	<input type="checkbox"/>
Ran Respirable Dust Pumps MMU 030-0/930-0				
12/4/2006	23879	Mine Office	2	<input type="checkbox"/>
10/3/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Roof Bolt Manufacturer's Certification (Available)

Required= Yes

The inspector determined if the operator has available a certification per 30 CFR 75.204(a) stating that the roof bolts used at the mine were manufactured in accordance with the specifications of ASTM F432-95.

Date	AR #	Record For	Shift	Complete
11/15/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Roof Bolt Torque Measurements Recorded

Required= No

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
12/4/2006	23879	Mine Office	2	<input type="checkbox"/>

Roof Control Plan (Available)

Required= Yes

The inspector determined if the current roof control plan per 30 CFR 75.220(e) was available to the miners and representative of miners at the mine.

Date	AR #	Record For	Shift	Complete
12/4/2006	23879	Mine Office	2	<input type="checkbox"/>
11/15/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials: MT

Coal Inspection Tracking System

Records

Self-Rescue Devices (Records)

Required= Yes

The inspector reviewed the records and determined if the results of all required tests were recorded per 30 CFR 75.1714-3(e). If possible, the inspector determined if the operator followed the manufacturer's test procedures.

Date	AR #	Record For	Shift	Complete
11/13/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Smokers Articles (Program)

Required= Yes

The inspector reviewed any records required by the Smoking Program approved under 30 CFR 75.1702. The inspector compared the records with information obtained from polling the miners and observing the operator implementing the requirements of the Smoking Program.

Date	AR #	Record For	Shift	Complete
10/30/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Surface Bathhouse Waiver (Posted)

Required= No

The inspector determined if the operator posted the current surface bathhouse waiver per 30 CFR 71.403(c)..

Surface Safety Program Instruction (Posted)

Required= Yes

The inspector determined if the operator maintained a Safety Program of Instruction and posted it in conspicuous places throughout the mine pursuant to 30 CFR 77.1708.

Date	AR #	Record For	Shift	Complete
11/15/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Test Of Hoist Safety Catches

Required= No

The operator's compliance with recording examinations required by 30 CFR 75.1400-2 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials:

Coal Inspection Tracking System

Records

Tests Of Fire Hydrants And Fire Hose*Required= Yes*

The operator's compliance with recording examinations required by 30 CFR 75.1103-11 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
11/13/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Trolley Overcurrent Protection Tests/Examinations*Required= No*

The operator's compliance with recording examinations required by 30 CFR 75.1001-1 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Ventilation Plan (Posted)*Required= Yes*

The inspector determined if proposed and current ventilation plans or revisions were posted on the mine bulletin board as required by 30 CFR 75.370(a)(3)(iii) and 75.370(f)(3).

Date	AR #	Record For	Shift	Complete
12/4/2006	23879	Mine Office	2	<input type="checkbox"/>
11/15/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Weekly Examination For Methane And Hazards*Required= Yes*

The operator's compliance with recording examinations required by 30 CFR 75.364 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
12/4/2006	23879	Mine Office	2	<input type="checkbox"/>
10/3/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>
10/10/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials:

MS

Coal Inspection Tracking System

Records

Weekly Examination Record Of Diesel Equipment

Required= No

The operator's compliance with recording examinations required by 30 CFR 75.1914(f)(2) was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Weekly Inspection Of Fire Suppression Devices

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.1107-16 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
10/3/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

Weekly Tests Of Underground Electrical Equipment

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.512 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
10/3/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

X-Ray Plan

Required= Yes

The inspector reviewed and compared the X-Ray Plan agreement with the information posted at the mine.

Date	AR #	Record For	Shift	Complete
10/3/2006	23703	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initial

Supervisor Initials: UT

Coal Inspection Tracking System

Surface

Escapeways*Required= No*

An inspection was conducted of all work areas to determine if escapeways were adequate. The inspection evaluated compliance with applicable standards for safe access, lighting, escapeway maintenance, and included discussions with miners working in each area.

Explosives Storage*Required= No*

An inspection was conducted of all areas where explosives were stored on mine property, including: an observation of storage security, combustible materials, handling, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

Fire Fighting Equipment Surface*Required= Yes*

An inspection was conducted of all surface fire fighting equipment, including an evaluation of: equipment maintenance, placement for safe access if needed, and equipment identification.

Date	AR #	Location	Shift	Complete
10/16/2006	23703	charger barn/shop	2	<input checked="" type="checkbox"/>

Fuel Storage*Required= No*

An inspection was conducted of all areas where fuel was being stored for compliance with applicable standards including: safe access, combustible materials, handling, and fire protection.

Ground Control*Required= No*

The inspector evaluated compliance with the current ground control plan. The inspector also evaluated the adequacy of the plan for conditions and polled the operator and miners as to their knowledge of the plan.

Haulage Facilities (Including Belts)*Required= No*

An inspection was conducted of each haulage facility to determine compliance with applicable standards, including: safe access, guards, equipment condition, fire hazards, combustible materials, fire protection, and electrical installations.

High Walls And Spoil Banks*Required= No*

An inspection was conducted of high walls and spoil banks in all active areas for existing and potential hazards, such: loose material, over hanging rock, or unstable spoil banks.

Hoisting Equipment*Required= No*

An inspection was conducted of all hoisting equipment to determine compliance with applicable standards, including: structure condition, guarding, accumulations, lighting, electrical installations, rope condition, fire protection, safety devices, and safe access.

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials:

MS

Coal Inspection Tracking System

Surface

Illumination Of Work Areas

Required= No

An inspection was conducted of all work areas to evaluate illumination adequacy. The evaluation included observation of lighting and information obtained from polling miners.

Methane Tests In Required Locations (Surface)

Required= No

The inspector conducted a test for methane in all structures and areas where there was a potential for a hazardous accumulations of methane.

Non-Major Construction Sites

Required= No

All independent contractors encountered at non-major construction sites were inspected for compliance with applicable standards, including: observations of work practices, comparing training records with information received from workers, and inspection of equipment. MSHA Form 2000-208 (inspection notes page) was completed and submitted as part of the inspection report.

Other Places Where Miners Work Or Travel

Required= No

Other work areas and travelways were inspected for compliance with applicable standards, including: observations of work practices, illumination, safe access, combustible material accumulations, workplace maintenance, and air quality.

Potable Water (Surface)

Required= No

The inspector determined if potable water was made available. This evaluation included information obtained from the miners and the operator.

Preparation Plant

Required= No

An inspection was conducted of all preparation plants for compliance with applicable standards, including: structure condition, guarding, accumulations, lighting, electrical installation, air quality, fire protection, and safe access.

Refuse Pile And Impoundments

Required= No

The inspector made an inspection in accordance with the Coal Mine Impoundment Inspection Procedures Handbook to determine compliance with applicable standards, including: safe access, berms, proximity to underground mines, drainage, combustible materials around site, equipment condition, and fire protection. A comparison was made between the operator's examination records and the inspector's observations.

Safety Talks With Surface Crews

Required= No

The inspector held safety discussions with miners at the mine, including topics such as: recent accidents, accident history, mine-specific hazards, and occupation-specific health and safety concerns.

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Inspector(s) Initials:

Supervisor Initials: MS

Coal Inspection Tracking System

Surface

Sanitary Facilities (Bathhouse)**Required= No**

An inspection was conducted of all sanitary facilities for compliance with applicable standards, including attention to: location, structure, cleanliness, safe access, and compliance with a bathing facilities waiver.

Shop**Required= Yes**

An inspection was conducted of all shops to determine compliance with applicable standards, including attention to: structure condition, guarding, accumulations, lighting, electrical installation, air quality, fire protection, safety devices, and safe access.

Date	AR #	Location	Shift	Complete
10/16/2006	23703	charger barn/shop	2	<input checked="" type="checkbox"/>

Surface First Aid Kit**Required= Yes**

An inspection was conducted of all surface first-aid kits.

Date	AR #	Location	Shift	Complete
10/16/2006	23703	charger barn/shop	2	<input checked="" type="checkbox"/>

Thermal Dryer**Required= No**

An inspection was conducted of all thermal dryers for compliance with applicable standards, including attention to: structure condition, guarding, accumulations, lighting, electrical installation, air quality, fire protection, safety devices, and safe access.

Travelways And Active Roadways**Required= No**

An inspection was conducted of all travelways and active roadways for compliance with applicable standards, including attention to: road grades and design, visibility, and traffic control.

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: MS

Coal Inspection Tracking System

Surface

Ventilation Facilities**Required= Yes**

An inspection was conducted of all ventilation facilities for compliance with applicable standards, including attention to: airway heaters, safe access, guards, equipment condition, fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, and circuit capacity.

Date	AR #	Location	Shift	Complete
11/28/2006	23703	MINE FAN AT MINE OFFICE	2	<input checked="" type="checkbox"/>
11/28/2006	23703	JARRELL BRANCH FAN	2	<input checked="" type="checkbox"/>

U.S. Department of Labor
Mine Safety and Health Administration



MineID: 4608436 Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

KS

Coal Inspection Tracking System

Haulage

AMS Alarm Systems (Including CO)

Required= Yes

The inspector examined the AMS records and system components and observed the operator making a required calibration of system sensors. To determine the accuracy of the system, the inspector compared the data and times obtained during the inspection with information recorded by the system on the surface.

Date	AR #	Location	Shift	Complete
10/18/2006	23703	ALL BELT CONVEYORS	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: MS

Coal Inspection Tracking System

Haulage

Belts

Required= Yes

An inspection was conducted of each belt flight and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
11/8/2006	23703	glory hole belt <i>glory hole belt head kva box</i>	glory hole head	glory hole tailpiece	2	<input type="checkbox"/>
11/8/2006	23703	northwest 7 belt	#7 tailpiece	#7 belt head	2	<input type="checkbox"/>
11/8/2006	23703	northwest 6 belt	#6 Tailpiece	#6 belthead	2	<input type="checkbox"/>
10/4/2006	23703	LLB MAINS <i>kva box/ starter box, fire suppression</i>	no. 2 tail piece	belt head	2	<input checked="" type="checkbox"/>
10/10/2006	23703	MAINS	1 NORTH BELT, 52 BK	1 NORTH BELT 30 BK	2	<input checked="" type="checkbox"/>
10/10/2006	23703	MAINS <i>KVA BOX AND SPLITTER</i>	NO. 1 BELT HEAD	52 BREAK NORTH 6 FT. BELT	2	<input checked="" type="checkbox"/>
10/10/2006	23703	LLB MAINS	NO. 1 BELT TAIL PIECE	NO. 1 BELT HEAD	2	<input checked="" type="checkbox"/>
10/18/2006	23703	no. 1 south belt <i>mcc room, top of solo</i>	1 south tail piece	belt head on surface	2	<input checked="" type="checkbox"/>
10/18/2006	23703	no. 1 north belt <i>KVA box</i>	plumly switch	no. 1 north belt head	2	<input checked="" type="checkbox"/>
10/30/2006	23703	No.2 6ft. Belt	tailpiece	belt head	2	<input checked="" type="checkbox"/>
11/6/2006	23703	head gate mains <i>KVA BOX</i>	no. 3- 6 ft. tail piece	no. 3-6ft. Belt head	2	<input checked="" type="checkbox"/>
11/6/2006	23703	glory hole mains <i>KVA BOX- two splitter box</i>	no. 4- 6 ft. tail piece	no.4-6 ft. belt head.	2	<input checked="" type="checkbox"/>
11/6/2006	23703	glory hole mains <i>kva box, two splitter boxes.</i>	no. 5 6 ft. tail piece	no. 5 belt 6 ft. belt conveyor	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

LS

Coal Inspection Tracking System

Haulage

Skip Shaft Facilities, Bunkers

Required= No

An inspection was conducted of each skip shaft or bunker and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

Trackways

Required= Yes

The inspector made an inspection of each trackway and determined if hazards or potential hazards existed including clearance, switches, bonding, trolley guards, equipment, combustible materials, fire protection, and condition of electrical cables and wiring. The inspector compared information from examination records with observations made during the examination.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
10/4/2006	23703	LLB MAINS	MMU O30	SURFACE	2	<input checked="" type="checkbox"/>
11/8/2006	23703	north mains	4 belt head	6 belt head	2	<input checked="" type="checkbox"/>
11/8/2006	23703	north mains	glory hole	section	2	<input checked="" type="checkbox"/>



MineID: 4608436 Event Number: 4111839

Activity Code: E01

Inspector(s) Initials



Supervisor Initials:

US

Coal Inspection Tracking System

Haulage

AMS Alarm Systems (Including CO)

Required= Yes

The inspector examined the AMS records and system components and observed the operator making a required calibration of system sensors. To determine the accuracy of the system, the inspector compared the data and times obtained during the inspection with information recorded by the system on the surface.

Date	AR #	Location	Shift	Complete
10/18/2006	23703	ALL BELT CONVEYORS	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials:

Coal Inspection Tracking System

Haulage

Belts

Required= Yes

An inspection was conducted of each belt flight and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
11/8/2006	23703	glory hole belt <i>glory hole belt head kva box</i>	glory hole head	glory hole tailpiece	2	<input type="checkbox"/>
11/8/2006	23703	northwest 7 belt	#7 tailpiece	#7 belt head	2	<input type="checkbox"/>
11/8/2006	23703	northwest 6 belt	#6 Tailpiece	#6 belthead	2	<input type="checkbox"/>
10/4/2006	23703	LLB MAINS <i>kva box/ starter box, fire suppression</i>	no. 2 tail piece	belt head.	2	<input checked="" type="checkbox"/>
10/10/2006	23703	MAINS	1 NORTH BELT, 52 BK	1 NORTH BELT 30 BK	2	<input checked="" type="checkbox"/>
10/10/2006	23703	MAINS <i>KVA BOX AND SPLITTER</i>	NO. 1 BELT HEAD	52 BREAK NORTH 6 FT. BELT	2	<input checked="" type="checkbox"/>
10/10/2006	23703	LLB MAINS	NO. 1 BELT TAIL PIECE	NO. 1 BELT HEAD	2	<input checked="" type="checkbox"/>
10/18/2006	23703	no. 1 south belt <i>mcc room, top of solo</i>	1 south tail piece	belt head on surface	2	<input checked="" type="checkbox"/>
10/18/2006	23703	no. 1 north belt <i>KVA box</i>	plumly switch	no. 1 north belt head	2	<input checked="" type="checkbox"/>
10/30/2006	23703	No.2 6ft. Belt	tailpiece	belt head	2	<input checked="" type="checkbox"/>
11/6/2006	23703	head gate mains <i>KVA BOX</i>	no. 3- 6 ft. tail piece	no. 3-6ft. Belt head	2	<input checked="" type="checkbox"/>
11/6/2006	23703	glory hole mains <i>KVA BOX- two splitter box</i>	no. 4- 6 ft. tail piece	no.4-6 ft. belt head.	2	<input checked="" type="checkbox"/>
11/6/2006	23703	glory hole mains <i>kva box, two splitter boxes.</i>	no. 5 6 ft. tail piece	no. 5 belt 6 ft. belt conveyor	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials:

MT

Coal Inspection Tracking System

Haulage

Skip Shaft Facilities, Bunkers**Required= No**

An inspection was conducted of each skip shaft or bunker and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

Trackways**Required= Yes**

The inspector made an inspection of each trackway and determined if hazards or potential hazards existed including clearance, switches, bonding, trolley guards, equipment, combustible materials, fire protection, and condition of electrical cables and wiring. The inspector compared information from examination records with observations made during the examination.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
10/4/2006	23703	LLB MAINS	MMU O30	SURFACE	2	<input checked="" type="checkbox"/>
11/8/2006	23703	north mains	4 belt head	6 belt head	2	<input checked="" type="checkbox"/>
11/8/2006	23703	north mains	glory hole	section	2	<input checked="" type="checkbox"/>



MineID: 4608436 Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

MS

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Air Measurements Taken

Required= Yes

The inspector measured air quantity at locations required on working sections in the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>
		LOB 22,900 CFM		

All Shifts (Working Section)

Required= Yes

The inspector made an inspection during each shift. The inspector discussed matters concerning health and safety and work practices with miners encountered.

Date	AR #	Location	Shift	Complete
11/30/2006	23703	030-0	1	<input checked="" type="checkbox"/>

Blasting Practices (Working Section)

Required= No

An inspection was conducted of all areas where explosives were being used on the section, including: an observation of work practices, the blasting cycle, storage security, combustible materials, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

Boreholes In Advance Of Mining

Required= No

The operator's compliance with plans approved under 30 CFR 75.388 and 75.389 shall be evaluated by the inspector. Discussions shall be conducted with affected miners and mine supervisors to evaluate their familiarity with plan requirements.

Communication Installations Checked

Required= Yes

An inspection was conducted of all communication installations for compliance with applicable standards, including attention to: grounding, insulation, lightning protection, proper operation, and safe access.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials: WTS

Coal Inspection Tracking System

Underground MMU*Inspection Progress - All MMU's for this Mine ID and Event***Compliance Of Dust Control Parameters***Required= Yes*

Dust controls used on the section were inspected to determine compliance with the approved mine ventilation plan. Miners were polled to determine if conditions observed were representative of normal mining conditions. Respirable coal mine dust samples were collected pursuant to the Coal Health Inspection Procedures Handbook.

Date	AR #	Location	Shift	Complete
10/4/2006	23703	030-0	2	<input checked="" type="checkbox"/>

Compliance With Hearing Conservation Plans*Required= Yes*

The inspector determined operator compliance with the stipulations contained in the current hearing conservation program, including administrative controls such as hearing protection, exposure time limitations, and a discussion with enrolled miners to ascertain their knowledge of the program. Noise surveys were conducted in accordance with the Coal Health Inspection Procedures Handbook.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>

Dates, Times, and Initials*Required= Yes*

The inspector examined all faces on each working section and determined if the mine examiner had certified with dates, times and initials that the required examinations were conducted.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>

Escapeway Map*Required= Yes*

The inspector determined if an up-to-date escapeway map was maintained on each working section. Discussions were conducted with the miners to determine if they were familiar with the map location, the designated escape routes, and evacuation procedures.

Date	AR #	Location	Shift	Complete
10/4/2006	23703	030-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

N

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Face Areas Inspected (For Imminent Dangers)

Required= Yes

All the working places on the active working section were inspected to determine if imminent dangers existed.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>
10/10/2006	23703	030-0	2	<input checked="" type="checkbox"/>

Fire Protection Checked

Required= Yes

All fire fighting equipment available for use on the section was inspected for compliance with applicable standards, including attention to: equipment maintenance, placement for safe access, inspection record, and adequate capacity.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>

First-Aid Equipment Checked

Required= Yes

An inspection was conducted of all underground first-aid kits for compliance with applicable standards.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>

Gas Test Documented Or Statements Of Abnormalities

Required= Yes

The inspector tested air quality at locations required on working sections in the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>

Location Of Last Open Crosscut

Required= Yes

The last open crosscut identified by it's location in relation to a permanent marker that appears on the mine map; such as a survey spad number or crosscut number.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0 SPAD 2595	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials:

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Mining Cycle Observed And Method Listed

Required= Yes

The inspector observed the complete mining cycle on the working section; including the loading and detonation of explosives on conventional working sections or mines that blast from the solid.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>

Observed Haulage Practices

Required= Yes

The inspector observed haulage practices to determine compliance with applicable standards and evaluate work practices for health and safety.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>

Potable Water (Working Section)

Required= Yes

The inspector determined if potable water was available. This evaluation included information obtained from the miners and the operator concerning availability of potable water.

Date	AR #	Location	Shift	Complete
10/4/2006	23703	030-0	2	<input checked="" type="checkbox"/>

Required Ventilation Controls Adequate

Required= Yes

Temporary and permanent ventilation controls were inspected on each working section during normal mining cycles to determine effectiveness and compliance with applicable standards, including attention to information obtained from the miners installing the ventilation controls, equipment operators, and the mine operator.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>

Rock Dust Applications Checked

Required= Yes

The inspector examined the working section and determined if rock dust application was adequate. Spot samples were collected where compliance could not be clearly determined by visual observation.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials:

M-S

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Rock Dust Survey Taken

Required= Yes

The inspector conducted a rock dust survey to within 50 feet of the section dumping point on each advancing active working section in the mine. Locations where samples were not previously collected due to wet conditions were tracked and re-inspected for a period of one year. Surveys were collected and submitted in accordance with the Sampling Procedures section of the Coal General Inspection Procedures Handbook.

Date	AR #	Location	Shift	Complete
10/4/2006	23703	030-0	2	<input checked="" type="checkbox"/>

Roof & Ribs Evaluated

Required= Yes

The inspector observed roof and rib conditions on each active working section to determine compliance with applicable standards, including attention to: roof control failures, roof control plan requirements, and information obtained from the miners installing the roof supports and the mine operator.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>

Safety Talks With Miners

Required= Yes

The inspector held safety discussions with miners on the section, including topics such as: recent accidents, accident history, mine-specific hazards, and occupation-specific health and safety concerns.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>

Sanitary Facilities

Required= Yes

An inspection was conducted of sanitary facilities for compliance with applicable standards, including attention to location and cleanliness.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials: MS

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Section Equipment (Including Face Equipment)**Required= Yes**

An inspection was conducted of each piece of in-use or available for-use equipment to determine compliance with applicable standards, with attention to: permissibility, safe access, guards, equipment condition, fire suppression systems, combustible materials, fire protection, condition of trailing or other machine electrical cables, cable conduit, circuit breaker capacity and identification, methane monitors (where applicable), dust control, and safety devices. If a serial number was not available, a description (company number, etc.) was entered in the comments section.

Date	AR #	Location				Shift	Complete
11/15/2006	23703	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	no. 16962	2	<input checked="" type="checkbox"/>
		out of service					
11/15/2006	23703	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	no. 16945	2	<input checked="" type="checkbox"/>
		out of service					
11/15/2006	23703	009-0	Stamler	Feeder	no. 1 feeder	2	<input checked="" type="checkbox"/>
		out of service					
11/15/2006	23703	009-0	Fletcher	Roof Bolting Machine	no. 2005339	2	<input checked="" type="checkbox"/>
		out of service					
11/15/2006	23703	009-0	Fletcher	Roof Bolting Machine	no. 200339	2	<input checked="" type="checkbox"/>
		out of service					
11/15/2006	23703	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	no. 4677 rt.	2	<input checked="" type="checkbox"/>
		out of service					
11/15/2006	23703	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	no. 4657 LT.	2	<input checked="" type="checkbox"/>
		OUT OF SERVICE					
11/15/2006	23703	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	no. 77017	2	<input checked="" type="checkbox"/>
		out of service					
10/4/2006	23703	030-0	Other Type Not Listed	Transformer	no. 20812-2300	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	no. 5811 RT.	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: MS

Coal Inspection Tracking System

Underground MMU*Inspection Progress - All MMU's for this Mine ID and Event*

10/4/2006	23703	030-0	Fletcher	Roof Bolting Machine	no. 203058 LT.	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Fletcher	Roof Bolting Machine	no. 204328 RT.	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	no. 17203 LT.	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	no. 17504 center	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	no. 17505 RT.	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Fairchild	Scoop	no. T39224/no. 2	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Fairchild	Scoop	no. T39-231/no. 1	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Other Type Not Listed	Forklift	no. 153	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	no. 4918 LT.	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Stamler	Feeder	no. 54-2147	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Other Type Not Listed	Battery Charger	no. 1	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Other Type Not Listed	Battery Charger	no. 2	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Fairchild	Scoop	no. 1 service scoop	2	<input checked="" type="checkbox"/>

Self-Rescue Devices (Working Section)*Required= Yes*

The operator's compliance with approved self-rescuer condition-of-use requirements was evaluated by inspecting a representative number of each type of device in use at the mine, but not less than ten percent each inspection quarter.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>



MineID: 4608436

Event Number: 4111839

Inspector(s) Initials

Supervisor Initials: MS

Coal Inspection Tracking System

Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
10/3/2006	8:05	2	23703	#1 Portal-South Side	958	4,311	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
10/3/2006	9:00	2	23703	NO. 5 ENTRY FAN	2741	274,100	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
10/3/2006	9:04	2	23703	NO. 6 ENTRY FAN	1227	122,700	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
10/3/2006	9:10	2	23703	NO. 7 ENTRY FAN	918	98,455	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
10/3/2006	11:00	2	23703	INTAKE SPLIT FOR MMU 030	2546	61,176	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
10/3/2006	11:25	2	23703	NO. 3 ENTRY MMU 030	364	8,736	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
10/4/2006	8:10	2	23703	#2 Portal South Side	103	8,652	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	N8362
10/4/2006	8:15	2	23703	#3 Portal South Side	75	5,625	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	N8382
10/4/2006	8:25	2	23703	#1 Portal North Side	29	5,365	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	N8371
10/4/2006	8:35	2	23703	#2 Portal North Side	74	12,654	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	N8370
10/4/2006	8:35	2	23703	#2 Portal North Side	74	12,654	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	N8370

MineID: 4608436

Event Number: 4111839

Inspector(s) Initials

Supervisor Initials: NS

Coal Inspection Tracking System

Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
10/4/2006	11:35	2	23703	#3 Portal North Side	100	20,900	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	N8372
10/10/2006	10:30	2	23703	EP 52	306	24,786	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
10/10/2006	10:55	2	23703	EP 53	270	486	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
10/10/2006	11:15	2	23703	EP 54	711	6,395	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
10/10/2006	11:30	2	23703	EP 59	111	19,980	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
10/16/2006	14:45	3	23703	no. 5 drift return north side	847	43,197	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	n7377
10/18/2006	10:30	2	23703	no. 3 drift east portal	44	704	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	n7368
10/18/2006	10:35	2	23703	no. 2 drift east portal	42	6,720	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	n6030
10/18/2006	11:00	2	23703	no. 1 drift east portal	244	19,520	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	n7368
10/24/2006	9:07	2	23703	EP-50	3914	2,739	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
10/24/2006	9:15	2	23703	EP-57	5528	4,425	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
10/24/2006	9:20	2	23703	EP-56	3595	1,222	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
10/24/2006	9:25	2	23703	EP-55	2586	645	20.8	0.0	0.0	0.0	<input type="checkbox"/>	

MineID: 4608436

Event Number: 4111839

Inspector(s) Initials:

Supervisor Initials: MS

Coal Inspection Tracking System

Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
10/24/2006	9:40	2	23703	EP-43	3061	1,836	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
10/30/2006	9:30	2	23703	EP 42	5499	10,992	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
10/30/2006	9:55	2	23703	EP 41	5330	50,160	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
10/30/2006	10:30	2	23703	EP 40	500	11,250	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
10/30/2006	10:35	2	23703	EP 40A	563	1,126	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
10/30/2006	11:05	2	23703	EP 39	1175	1,762	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
11/6/2006	9:40	2	23703	ep 22	1353	2,029	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
11/6/2006	10:00	2	23703	ep 33	137	20,139	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
11/6/2006	10:10	2	23703	ep 20a	51	6,885	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
11/8/2006		2	23703	EP 20	3820	22,920	20.8	0.1	0.0	0.0	<input type="checkbox"/>	
11/13/2006	8:30	2	23703	north mains return overcast	1690	143,775	0.0	0.0	0.0	0.0	<input type="checkbox"/>	
12/4/2006		2	23879	#1 Face at Miner	410	9,010	20.8	0.0			<input type="checkbox"/>	
12/4/2006		2	23879	#1 Face at Bolter	265	5,565	20.8	0.0			<input type="checkbox"/>	

MineID: 4608436

Event Number: 4111839

Inspector(s) Initial

Supervisor Initials: MT

Coal Inspection Tracking System

Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
12/4/2006		2	23879	#2 Face at Miner	405	8,505	20.8	0.0			<input type="checkbox"/>	
12/4/2006		2	23879	#3 Face at Miner	225	15,750	20.9	0.0			<input type="checkbox"/>	
12/4/2006		2	23879	#4 to #5 LOB	145	19,285	20.9	0.0			<input type="checkbox"/>	
12/4/2006		2	23879	#4 Face at Miner	665	9,310	20.8	0.0			<input type="checkbox"/>	
12/4/2006		2	23879	#3 Face at Bolter	335	7,035	20.8	0.0			<input type="checkbox"/>	
12/4/2006		2	23879	#4 Face at Bolter	280	5,880	20.8	0.0			<input type="checkbox"/>	
12/4/2006		2	23879	#5 Face at Miner	685	14,385	20.9	0.0			<input type="checkbox"/>	
12/4/2006		2	23879	#1 Entry Main Intake	235	30,550	20.9	0.0			<input type="checkbox"/>	
12/26/2006	9:30	2	23703	Jarral branch fan	3525	468,825	19.5	0.5	0.0	0.0	<input checked="" type="checkbox"/>	N8377



MineID: 4608436 Event Number: 4111839 Activity Code: E01 Inspector(s) Initials: [REDACTED] Supervisor Initials: *MF*

Coal Inspection Tracking System

Underground MMU *Inspection Progress - All MMU's for this Mine ID and Event*

Air Measurements Taken

Required= Yes

The inspector measured air quantity at locations required on working sections in the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>
		LOB 22,900 CFM		
12/4/2006	23879	030-0	2	<input type="checkbox"/>
		Ran Respirable Dust Pumps MMU 030-0/930-0		

All Shifts (Working Section)

Required= Yes

The inspector made an inspection during each shift. The inspector discussed matters concerning health and safety and work practices with miners encountered.

Date	AR #	Location	Shift	Complete
11/30/2006	23703	030-0	1	<input checked="" type="checkbox"/>

Blasting Practices (Working Section)

Required= No

An inspection was conducted of all areas where explosives were being used on the section, including: an observation of work practices, the blasting cycle, storage security, combustible materials, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

Boreholes In Advance Of Mining

Required= No

The operator's compliance with plans approved under 30 CFR 75.388 and 75.389 shall be evaluated by the inspector. Discussions shall be conducted with affected miners and mine supervisors to evaluate their familiarity with plan requirements.

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials:

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Communication Installations Checked

Required= Yes

An inspection was conducted of all communication installations for compliance with applicable standards, including attention to: grounding, insulation, lightning protection, proper operation, and safe access.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>
12/4/2006	23879	030-0	2	<input type="checkbox"/>

Compliance Of Dust Control Parameters

Required= Yes

Dust controls used on the section were inspected to determine compliance with the approved mine ventilation plan. Miners were polled to determine if conditions observed were representative of normal mining conditions. Respirable coal mine dust samples were collected pursuant to the Coal Health Inspection Procedures Handbook.

Date	AR #	Location	Shift	Complete
10/4/2006	23703	030-0	2	<input checked="" type="checkbox"/>
12/4/2006	23879	030-0	2	<input type="checkbox"/>
Ran Respirable Dust Pumps MMU 030-0/930-0				

Compliance With Hearing Conservation Plans

Required= Yes

The inspector determined operator compliance with the stipulations contained in the current hearing conservation program, including administrative controls such as hearing protection, exposure time limitations, and a discussion with enrolled miners to ascertain their knowledge of the program. Noise surveys were conducted in accordance with the Coal Health Inspection Procedures Handbook.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>

Dates, Times, and Initials

Required= Yes

The inspector examined all faces on each working section and determined if the mine examiner had certified with dates, times and initials that the required examinations were conducted.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>
12/4/2006	23879	030-0	2	<input type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: MT

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Escapeway Map

Required= Yes

The inspector determined if an up-to-date escapeway map was maintained on each working section. Discussions were conducted with the miners to determine if they were familiar with the map location, the designated escape routes, and evacuation procedures.

Date	AR #	Location	Shift	Complete
10/4/2006	23703	030-0	2	<input checked="" type="checkbox"/>
12/4/2006	23879	030-0	2	<input type="checkbox"/>

Face Areas Inspected (For Imminent Dangers)

Required= Yes

All the working places on the active working section were inspected to determine if imminent dangers existed.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>
10/10/2006	23703	030-0	2	<input checked="" type="checkbox"/>
12/4/2006	23879	030-0	2	<input type="checkbox"/>

Fire Protection Checked

Required= Yes

All fire fighting equipment available for use on the section was inspected for compliance with applicable standards, including attention to: equipment maintenance, placement for safe access, inspection record, and adequate capacity.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>

First-Aid Equipment Checked

Required= Yes

An inspection was conducted of all underground first-aid kits for compliance with applicable standards.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: MT

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Gas Test Documented Or Statements Of Abnormalities

Required= Yes

The inspector tested air quality at locations required on working sections in the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>

Location Of Last Open Crosscut

Required= Yes

The last open crosscut identified by it's location in relation to a permanent marker that appears on the mine map; such as a survey spad number or crosscut number.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>
		SPAD 2595		

Mining Cycle Observed And Method Listed

Required= Yes

The inspector observed the complete mining cycle on the working section; including the loading and detonation of explosives on conventional working sections or mines that blast from the solid.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>
12/4/2006	23879	030-0	2	<input type="checkbox"/>

Observed Haulage Practices

Required= Yes

The inspector observed haulage practices to determine compliance with applicable standards and evaluate work practices for health and safety.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>
12/4/2006	23879	030-0	2	<input type="checkbox"/>


MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials:



Coal Inspection Tracking System

Underground MMU*Inspection Progress - All MMU's for this Mine ID and Event***Potable Water (Working Section)****Required= Yes**

The inspector determined if potable water was available. This evaluation included information obtained from the miners and the operator concerning availability of potable water.

Date	AR #	Location	Shift	Complete
10/4/2006	23703	030-0	2	<input checked="" type="checkbox"/>
12/4/2006	23879	030-0	2	<input type="checkbox"/>

Required Ventilation Controls Adequate**Required= Yes**

Temporary and permanent ventilation controls were inspected on each working section during normal mining cycles to determine effectiveness and compliance with applicable standards, including attention to information obtained from the miners installing the ventilation controls, equipment operators, and the mine operator.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>
12/4/2006	23879	030-0	2	<input type="checkbox"/>

Rock Dust Applications Checked**Required= Yes**

The inspector examined the working section and determined if rock dust application was adequate. Spot samples were collected where compliance could not be clearly determined by visual observation.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>
12/4/2006	23879	030-0	2	<input type="checkbox"/>

Rock Dust Survey Taken**Required= Yes**

The inspector conducted a rock dust survey to within 50 feet of the section dumping point on each advancing active working section in the mine. Locations where samples were not previously collected due to wet conditions were tracked and re-inspected for a period of one year. Surveys were collected and submitted in accordance with the Sampling Procedures section of the Coal General Inspection Procedures Handbook.

Date	AR #	Location	Shift	Complete
10/4/2006	23703	030-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials: MS

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Roof & Ribs Evaluated

Required= Yes

The inspector observed roof and rib conditions on each active working section to determine compliance with applicable standards, including attention to: roof control failures, roof control plan requirements, and information obtained from the miners installing the roof supports and the mine operator.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>
12/4/2006	23879	030-0	2	<input type="checkbox"/>

Safety Talks With Miners

Required= Yes

The inspector held safety discussions with miners on the section, including topics such as: recent accidents, accident history, mine-specific hazards, and occupation-specific health and safety concerns.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>
12/4/2006	23879	030-0	2	<input type="checkbox"/>

Discussed proper wearing of Respirable Dust Pumps Day Shift Crew

Sanitary Facilities

Required= Yes

An inspection was conducted of sanitary facilities for compliance with applicable standards, including attention to location and cleanliness.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials:

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Section Equipment (Including Face Equipment)

Required= Yes

An inspection was conducted of each piece of in-use or available for-use equipment to determine compliance with applicable standards, with attention to: permissibility, safe access, guards, equipment condition, fire suppression systems, combustible materials, fire protection, condition of trailing or other machine electrical cables, cable conduit, circuit breaker capacity and identification, methane monitors (where applicable), dust control, and safety devices. If a serial number was not available, a description (company number, etc.) was entered in the comments section.

Date	AR #	Location				Shift	Complete
11/15/2006	23703	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	no. 16962	2	<input checked="" type="checkbox"/>
		out of service					
11/15/2006	23703	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	no.16945	2	<input checked="" type="checkbox"/>
		out of service					
11/15/2006	23703	009-0	Stamler	Feeder	no. 1 feeder	2	<input checked="" type="checkbox"/>
		out of service					
11/15/2006	23703	009-0	Fletcher	Roof Bolting Machine	no. 2005339	2	<input checked="" type="checkbox"/>
		out of service					
11/15/2006	23703	009-0	Fletcher	Roof Bolting Machine	no. 200339	2	<input checked="" type="checkbox"/>
		out of service					
11/15/2006	23703	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	no. 4677 rt.	2	<input checked="" type="checkbox"/>
		out of service					
11/15/2006	23703	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	no. 4657 LT.	2	<input checked="" type="checkbox"/>
		OUT OF SERVICE					
11/15/2006	23703	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	no. 77017	2	<input checked="" type="checkbox"/>
		out of service					
10/4/2006	23703	030-0	Other Type Not Listed	Transformer	no. 20812-2300	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	no. 5811 RT.	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials:

MT

Coal Inspection Tracking System

Underground MMU*Inspection Progress - All MMU's for this Mine ID and Event*

10/4/2006	23703	030-0	Fletcher	Roof Bolting Machine	no. 203058 LT.	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Fletcher	Roof Bolting Machine	no. 204328 RT.	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	no. 17203 LT.	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	no. 17504 center	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	no. 17505 RT.	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Fairchild	Scoop	no. T39224/no. 2	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Fairchild	Scoop	no. T39-231/no. 1	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Other Type Not Listed	Forklift	no. 153	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	no. 4918 LT.	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Stamler	Feeder	no. 54-2147	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Other Type Not Listed	Battery Charger	no. 1	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Other Type Not Listed	Battery Charger	no. 2	2	<input checked="" type="checkbox"/>
10/4/2006	23703	030-0	Fairchild	Scoop	no. 1 service scoop	2	<input checked="" type="checkbox"/>

Self-Rescue Devices (Working Section)**Required= Yes**

The operator's compliance with approved self-rescuer condition-of-use requirements was evaluated by inspecting a representative number of each type of device in use at the mine, but not less than ten percent each inspection quarter.

Date	AR #	Location	Shift	Complete
10/3/2006	23703	030-0	2	<input checked="" type="checkbox"/>



MineID: 4608436

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Activity Code: E01

Inspector(s) Initials

Supervisor Initials: MT

Coal Inspection Tracking System

Surface

Aerial Tramways*Required= No*

An inspection was conducted of all aerial tramways for existing and potential hazards, including: structure condition, guarding, accumulations, lighting, electrical installation, and fire protection.

All Shifts (Surface)*Required= No*

The inspector made an inspection during each shift. The inspector discussed matters concerning health and safety and work practices with miners encountered.

Auger Openings*Required= No*

Auger openings were inspected for potential hazards.

Blasting Practices (Surface)*Required= No*

An inspection was conducted of all areas where explosives were being used on mine property, including: an observation of work practices, the blasting cycle, storage security, combustible materials, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

Coal Stock Pile*Required= No*

Coal stockpiles were inspected for potential hazards such as fires or persons working in close proximity to active underground feeders.

Communications Installations*Required= Yes*

An inspection was conducted of all communication installations for compliance with applicable standards, including attention to: grounding, insulation, lighting protection, proper operation, and safe access.

Date	AR #	Location	Shift	Complete
10/16/2006	23703	mine office	2	<input checked="" type="checkbox"/>

Draw-Off Tunnels*Required= No*

An inspection was conducted of draw-off tunnels for existing and potential hazards, such as fire hazards, accumulations, and inadequate escapeways, air quality, guarding, and ventilation.

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Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: AS

Coal Inspection Tracking System

Surface

Drilling Practices*Required= No*

An inspection was conducted of all drill sites on mine property and the inspector observed a complete drilling cycle to evaluate work practices, examination of equipment, safe access, equipment condition, accumulation of combustible materials, fire protection, and noise and respirable dust controls.

Dumping Facilities*Required= No*

An inspection was conducted of conditions and practices at all dumping facilities in accordance with guidance provided in the Dump Point Inspection Handbook, including the adequacy of stop blocks, berms, access road grades, warning signs, posted speed limits, and the presence of stress cracks.

Electrical Installation*Required= Yes*

An inspection was conducted of all electrical installations for existing and potential hazards, such as: structure condition, guarding, accumulations, lighting, fire protection, safety devices, and safe access.

Date	AR #	Location	Shift	Complete
10/16/2006	23703	north portal D-box	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: MT

Coal Inspection Tracking System

Surface

Equipment

Required= Yes

An inspection was conducted of each piece of in-use or available-for-use equipment to determine if hazards or potential hazards existed. The inspection evaluated compliance with applicable standards, including: safe access, guards, equipment condition, fire detection systems, combustible materials, fire protection, condition of electrical cables, wiring, and circuit protection. If a serial number was not available, a description (company number, etc.) was entered in the comments section.

Date	AR #	Location				Shift	Complete
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Air Compressor	no. 1	2	<input checked="" type="checkbox"/>
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 13	2	<input checked="" type="checkbox"/>
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 12	2	<input checked="" type="checkbox"/>
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 11	2	<input checked="" type="checkbox"/>
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 11	2	<input checked="" type="checkbox"/>
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 10	2	<input checked="" type="checkbox"/>
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 8	2	<input checked="" type="checkbox"/>
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 7	2	<input checked="" type="checkbox"/>
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 6	2	<input checked="" type="checkbox"/>
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 5	2	<input checked="" type="checkbox"/>
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 5	2	<input checked="" type="checkbox"/>
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 4	2	<input checked="" type="checkbox"/>
10/16/2006	23703	mine office	Other Type Not Listed	Battery Charger	no. 2	2	<input checked="" type="checkbox"/>
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 1	2	<input checked="" type="checkbox"/>



MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials: [REDACTED]

Supervisor Initials: MF

Coal Inspection Tracking System

UG Outby Areas

Alternate Escapeway (Including Facilities)

Required= Yes

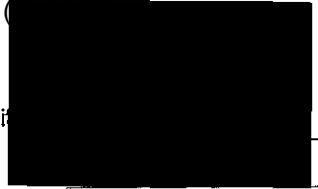
Alternate escapeway entries and facilities were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, markings showing the route of travel, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the alternate escapeway or facilities. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
10/3/2006	23703	MAINS	NO. 4 BELT HEAD	SURFACE	2	<input checked="" type="checkbox"/>
10/3/2006	23703	MMU 030	MMU 030	MOUTH OF SECTION.	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials: Supervisor Initials: MS

Coal Inspection Tracking System

UG Outby Areas

Bleeders Including Each Check Point**Required= Yes**

At least one entry in each set of bleeder entries was inspected in its entirety or to evaluation points approved in the mine ventilation plan to determine compliance with applicable standards, including attention to: ventilation controls, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the bleeder entries. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
11/8/2006	23703	EP 20	EP 20	EP 20	2	<input checked="" type="checkbox"/>
11/6/2006	23703	ep 20A	ep 20a	ep 20a	2	<input checked="" type="checkbox"/>
11/6/2006	23703	ep 22	ep 22	ep 22	2	<input checked="" type="checkbox"/>
11/6/2006	23703	ep 33	ep 33	ep 33	2	<input checked="" type="checkbox"/>
10/30/2006	23703	EP 39	EP39	EP 39	2	<input checked="" type="checkbox"/>
10/30/2006	23703	EP 40	EP 40	EP 40	2	<input checked="" type="checkbox"/>
10/30/2006	23703	EP 40A	EP 40A	EP 40A	2	<input checked="" type="checkbox"/>
10/30/2006	23703	EP 41	EP 41	EP41	2	<input checked="" type="checkbox"/>
10/30/2006	23703	EP 42	EP 42	EP42	2	<input checked="" type="checkbox"/>
10/16/2006	23703	ep 59 LLB MAINS	ep 59	ep 59	2	<input checked="" type="checkbox"/>
10/24/2006	23703	EP-43	EP-43	EP-43	2	<input checked="" type="checkbox"/>
10/24/2006	23703	EP-50	EP-50	EP-50	2	<input checked="" type="checkbox"/>
10/24/2006	23703	EP-55	EP-55	EP-55	2	<input checked="" type="checkbox"/>

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Activity Code: E01

Inspector(s) Initials

Supervisor Initials: ret

Coal Inspection Tracking System

UG Outby Areas

10/24/2006	23703	EP-55	EP-55	EP-55	2	<input checked="" type="checkbox"/>
10/24/2006	23703	EP-56	EP-56	EP-56	2	<input checked="" type="checkbox"/>
10/24/2006	23703	EP-57	EP-57	EP-57	2	<input checked="" type="checkbox"/>
10/10/2006	23703	LLB MAINS	EP 52	EP 52	2	<input checked="" type="checkbox"/>
10/10/2006	23703	LLB MAINS	EP 59	EP 59	2	<input checked="" type="checkbox"/>
10/10/2006	23703	LLB MAINS	EP 58	EP 58	2	<input checked="" type="checkbox"/>
10/10/2006	23703	LLB MAINS	EP 54	EP 54	2	<input checked="" type="checkbox"/>
10/10/2006	23703	LLB MAINS	EP 53	EP 53	2	<input checked="" type="checkbox"/>
10/10/2006	23703	LLB MAINS	EP 53	EP 53	2	<input checked="" type="checkbox"/>

Each Approved SCSR Storage Location
Required= Yes

An inspection was conducted at all locations where SCSR's are required to be stored to determine compliance with applicable standards, including attention to: comparing the data from inspection records with observations made during the physical inspection of a representative number of self rescue devices. A representative number of miners were polled concerning donning procedures.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
10/3/2006	23703	mains break 88			2	<input checked="" type="checkbox"/>
11/8/2006	23703	north mains intake escapeway			2	<input checked="" type="checkbox"/>

MineID: 4608436 Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: MT

Coal Inspection Tracking System

UG Outby Areas

Intake Air Courses**Required= Yes**

At least one entry in each Intake aircourse was inspected in its entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the intake aircourses. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
10/18/2006	23703	east portal	surface-east portal	seal no. 1 no. 1 set of seals	2	<input checked="" type="checkbox"/>
10/30/2006	23703	North Mains intake split for EP's	surface	EP 39	2	<input checked="" type="checkbox"/>
10/4/2006	23703	OLD LLB MAINS	MOUTH OF PANEL	OVERCAST TO MMU 030	2	<input checked="" type="checkbox"/>

Non-Pillared Out Area (List Each)**Required= Yes**

Non-pillared out areas were inspected to the point of deepest penetration or to alternative evaluation locations approved in the mine ventilation plan to determine compliance with applicable standards, including attention to: ventilation controls, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the worked out area. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
10/24/2006	23703	HEAD GATE 18	mouth of no. 1 entry	no. 5 entry mouth of panel	2	<input checked="" type="checkbox"/>

MineID: 4608436 Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: MT

Coal Inspection Tracking System

UG Outby Areas

Primary Escapeway (Including Facilities)

Required= Yes

Primary escapeway entries and facilities were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, markings showing the route of travel, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the escapeway or facilities. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
10/3/2006	23703	LLB MAINS	INTAKE SPLIT	MMU 030	2	<input checked="" type="checkbox"/>
10/3/2006	23703	MAINS	FAN	NO. 4 BELT HEAD	2	<input checked="" type="checkbox"/>
11/8/2006	23703	north mains	75 break	section	2	<input type="checkbox"/>

Return Air Courses

Required= Yes

At least one entry in each return aircourse was inspected in its entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the return aircourses. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
10/10/2006	23703	LLB MAINS	MMU 030	EP 59	2	<input checked="" type="checkbox"/>
10/16/2006	23703	LLB MAINS	surface	ep 59	2	<input checked="" type="checkbox"/>
11/13/2006	23703	North Mains return	return overcast	section	2	<input checked="" type="checkbox"/>

104(d)(2) order was issued for bad top in numerous location. This condition had been reported for 34 days in the weekly exam book.

MineID: 4608436 Event Number: 4111839

Activity Code: E01

Inspector(s) Initials: 

Supervisor Initials: UT

Coal Inspection Tracking System

UG Outby Areas

Seals (List Each Set)

Required= Yes

All mine seals were inspected to determine compliance with applicable standards, including attention to: seal condition, water traps, test pipes, postings of examination certification dates, times, and initials, and seal ventilation. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
10/18/2006	23703	east portal	no. 1 seal	no. 31 seal	2	<input checked="" type="checkbox"/>
10/24/2006	23703	NORTH WEST SEALS	NO. 1 SEAL	NO. 5 SEAL	2	<input checked="" type="checkbox"/>
NO. 3 SEAL HAS NOT BEEN BUILD YET.						

MineID: 4608436 Event Number: 4111839 Activity Code: E01

Coal Inspection Tracking System
Haulage

AMS Alarm Systems (Including CO)
Required= Yes

The inspector examined the AMS records and system components and observed the operator making a required calibration of system sensors. To determine the accuracy of the system, the inspector compared the data and times obtained during the inspection with information recorded by the system on the surface.

Date	AR #	Location	Shift	Complete
10/18/2006	23703	ALL BELT CONVEYORS	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: MS

Coal Inspection Tracking System

Haulage

Belts

Required= Yes

An inspection was conducted of each belt flight and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
11/8/2006	23703	glory hole belt <i>glory hole belt head kva box</i>	glory hole head	glory hole tailpiece	2	<input type="checkbox"/>
11/8/2006	23703	northwest 7 belt	#7 tailpiece	#7 belt head	2	<input type="checkbox"/>
11/8/2006	23703	northwest 6 belt	#6 Tailpiece	#6 belthead	2	<input type="checkbox"/>
10/4/2006	23703	LLB MAINS <i>kva box/ starter box, fire suppression</i>	no. 2 tail piece	belt head	2	<input checked="" type="checkbox"/>
10/10/2006	23703	MAINS	1 NORTH BELT, 52 BK	1 NORTH BELT 30 BK	2	<input checked="" type="checkbox"/>
10/10/2006	23703	MAINS <i>KVA BOX AND SPLITTER</i>	NO. 1 BELT HEAD	52 BREAK NORTH 6 FT. BELT	2	<input checked="" type="checkbox"/>
10/10/2006	23703	LLB MAINS	NO. 1 BELT TAIL PIECE	NO. 1 BELT HEAD	2	<input checked="" type="checkbox"/>
10/18/2006	23703	no. 1 south belt <i>mcc room, top of solo</i>	1 south tail piece	belt head on surface	2	<input checked="" type="checkbox"/>
10/18/2006	23703	no. 1 north belt <i>KVA box</i>	plumly switch	no. 1 north belt head	2	<input checked="" type="checkbox"/>
10/30/2006	23703	No.2 6ft. Belt	tailpiece	belt head	2	<input checked="" type="checkbox"/>
11/6/2006	23703	head gate mains <i>KVA BOX</i>	no. 3- 6 ft. tail piece	no. 3-6ft. Belt head	2	<input checked="" type="checkbox"/>
11/6/2006	23703	glory hole mains <i>KVA BOX- two splitter box</i>	no. 4- 6 ft. tail piece	no.4-6 ft. belt head.	2	<input checked="" type="checkbox"/>
11/6/2006	23703	glory hole mains <i>kva box, two splitter boxes.</i>	no. 5 6 ft. tail piece	no. 5 belt 6 ft. belt conveyor	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: MS

Coal Inspection Tracking System

Haulage

Skip Shaft Facilities, Bunkers*Required= No*

An inspection was conducted of each skip shaft or bunker and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

Trackways*Required= Yes*

The inspector made an inspection of each trackway and determined if hazards or potential hazards existed including clearance, switches, bonding, trolley guards, equipment, combustible materials, fire protection, and condition of electrical cables and wiring. The inspector compared information from examination records with observations made during the examination.

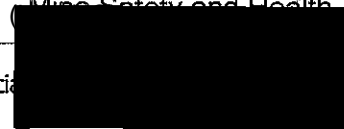
Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
10/4/2006	23703	LLB MAINS	MMU O30	SURFACE	2	<input checked="" type="checkbox"/>
11/8/2006	23703	north mains	4 belt head	6 belt head	2	<input checked="" type="checkbox"/>
11/8/2006	23703	north mains	glory hole	section	2	<input checked="" type="checkbox"/>



MineID: 4608436 Event Number: 4111839

Activity Code: E01

Inspector(s) Initials



Supervisor Initials:

KS

Coal Inspection Tracking System

Haulage

AMS Alarm Systems (Including CO)

Required= Yes

The inspector examined the AMS records and system components and observed the operator making a required calibration of system sensors. To determine the accuracy of the system, the inspector compared the data and times obtained during the inspection with information recorded by the system on the surface.

Date	AR #	Location	Shift	Complete
10/18/2006	23703	ALL BELT CONVEYORS	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: MC

Coal Inspection Tracking System

Haulage

Belts

Required= Yes

An inspection was conducted of each belt flight and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
11/8/2006	23703	glory hole belt <i>glory hole belt head kva box</i>	glory hole head	glory hole tailpiece	2	<input type="checkbox"/>
11/8/2006	23703	northwest 7 belt	#7 tailpiece	#7 belt head	2	<input type="checkbox"/>
11/8/2006	23703	northwest 6 belt	#6 Tailpiece	#6 belthead	2	<input type="checkbox"/>
10/4/2006	23703	LLB MAINS <i>kva box/ starter box, fire suppression</i>	no. 2 tail piece	belt head	2	<input checked="" type="checkbox"/>
10/10/2006	23703	MAINS	1 NORTH BELT, 52 BK	1 NORTH BELT 30 BK	2	<input checked="" type="checkbox"/>
10/10/2006	23703	MAINS <i>KVA BOX AND SPLITTER</i>	NO. 1 BELT HEAD	52 BREAK NORTH 6 FT. BELT	2	<input checked="" type="checkbox"/>
10/10/2006	23703	LLB MAINS	NO. 1 BELT TAIL PIECE	NO. 1 BELT HEAD	2	<input checked="" type="checkbox"/>
10/18/2006	23703	no. 1 south belt <i>mcc room, top of solo</i>	1 south tail piece	belt head on surface	2	<input checked="" type="checkbox"/>
10/18/2006	23703	no. 1 north belt <i>KVA box</i>	plumly switch	no. 1 north belt head	2	<input checked="" type="checkbox"/>
10/30/2006	23703	No.2 6ft. Belt	tailpiece	belt head	2	<input checked="" type="checkbox"/>
11/6/2006	23703	head gate mains <i>KVA BOX</i>	no. 3- 6 ft. tail piece	no. 3-6ft. Belt head	2	<input checked="" type="checkbox"/>
11/6/2006	23703	glory hole mains <i>KVA BOX- two splitter box</i>	no. 4- 6 ft. tail piece	no.4-6 ft. belt head.	2	<input checked="" type="checkbox"/>
11/6/2006	23703	glory hole mains <i>kva box, two splitter boxes.</i>	no. 5 6 ft. tail piece	no. 5 belt 6 ft. belt conveyor	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: *KG*

Coal Inspection Tracking System

Haulage

Skip Shaft Facilities, Bunkers**Required= No**

An inspection was conducted of each skip shaft or bunker and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

Trackways**Required= Yes**

The inspector made an inspection of each trackway and determined if hazards or potential hazards existed including clearance, switches, bonding, trolley guards, equipment, combustible materials, fire protection, and condition of electrical cables and wiring. The inspector compared information from examination records with observations made during the examination.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
10/4/2006	23703	LLB MAINS	MMU O30	SURFACE	2	<input checked="" type="checkbox"/>
11/8/2006	23703	north mains	4 belt head	6 belt head	2	<input checked="" type="checkbox"/>
11/8/2006	23703	north mains	glory hole	section	2	<input checked="" type="checkbox"/>



MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: HS

Coal Inspection Tracking System

UG Outby Areas

Alternate Escapeway (Including Facilities)

Required= Yes

Alternate escapeway entries and facilities were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, markings showing the route of travel, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the alternate escapeway or facilities. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
10/3/2006	23703	MAINS	NO. 4 BELT HEAD	SURFACE	2	<input checked="" type="checkbox"/>
10/3/2006	23703	MMU 030	MMU 030	MOUTH OF SECTION.	2	<input checked="" type="checkbox"/>

MineID: 4608436 Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: MS

Coal Inspection Tracking System

UG Outby Areas

Bleeders Including Each Check Point
Required= Yes

At least one entry in each set of bleeder entries was inspected in its entirety or to evaluation points approved in the mine ventilation plan to determine compliance with applicable standards, including attention to: ventilation controls, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the bleeder entries. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
11/8/2006	23703	EP 20	EP 20	EP 20	2	<input checked="" type="checkbox"/>
11/6/2006	23703	ep 20A	ep 20a	ep 20a	2	<input checked="" type="checkbox"/>
11/6/2006	23703	ep 22	ep 22	ep 22	2	<input checked="" type="checkbox"/>
11/6/2006	23703	ep 33	ep 33	ep 33	2	<input checked="" type="checkbox"/>
10/30/2006	23703	EP 39	EP39	EP 39	2	<input checked="" type="checkbox"/>
10/30/2006	23703	EP 40	EP 40	EP 40	2	<input checked="" type="checkbox"/>
10/30/2006	23703	EP 40A	EP 40A	EP 40A	2	<input checked="" type="checkbox"/>
10/30/2006	23703	EP 41	EP 41	EP41	2	<input checked="" type="checkbox"/>
10/30/2006	23703	EP 42	EP 42	EP42	2	<input checked="" type="checkbox"/>
10/16/2006	23703	ep 59 LLB MAINS	ep 59	ep 59	2	<input checked="" type="checkbox"/>
10/24/2006	23703	EP-43	EP-43	EP-43	2	<input checked="" type="checkbox"/>
10/24/2006	23703	EP-50	EP-50	EP-50	2	<input checked="" type="checkbox"/>
10/24/2006	23703	EP-55	EP-55	EP-55	2	<input checked="" type="checkbox"/>

MineID: 4608436 Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: UCS

Coal Inspection Tracking System

UG Outby Areas

10/24/2006	23703	EP-55	EP-55	EP-55	2	<input checked="" type="checkbox"/>
10/24/2006	23703	EP-56	EP-56	EP-56	2	<input checked="" type="checkbox"/>
10/24/2006	23703	EP-57	EP-57	EP-57	2	<input checked="" type="checkbox"/>
10/10/2006	23703	LLB MAINS	EP 52	EP 52	2	<input checked="" type="checkbox"/>
10/10/2006	23703	LLB MAINS	EP 59	EP 59	2	<input checked="" type="checkbox"/>
10/10/2006	23703	LLB MAINS	EP 58	EP 58	2	<input checked="" type="checkbox"/>
10/10/2006	23703	LLB MAINS	EP 54	EP 54	2	<input checked="" type="checkbox"/>
10/10/2006	23703	LLB MAINS	EP 53	EP 53	2	<input checked="" type="checkbox"/>
10/10/2006	23703	LLB MAINS	EP 53	EP 53	2	<input checked="" type="checkbox"/>

**Each Approved SCSR Storage Location
Required= Yes**

An inspection was conducted at all locations where SCSR's are required to be stored to determine compliance with applicable standards, including attention to: comparing the data from inspection records with observations made during the physical inspection of a representative number of self rescue devices. A representative number of miners were polled concerning donning procedures.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
10/3/2006	23703	mains break 88			2	<input checked="" type="checkbox"/>
11/8/2006	23703	north mains intake escapeway			2	<input checked="" type="checkbox"/>

MineID: 4608436 Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: MS

Coal Inspection Tracking System

UG Outby Areas

Intake Air Courses**Required= Yes**

At least one entry in each Intake aircourse was inspected in its entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the intake aircourses. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
10/18/2006	23703	east portal	surface-east portal	seal no. 1 no. 1 set of seals	2	<input checked="" type="checkbox"/>
10/30/2006	23703	North Mains intake split for EP's	surface	EP 39	2	<input checked="" type="checkbox"/>
10/4/2006	23703	OLD LLB MAINS	MOUTH OF PANEL	OVERCAST TO MMU 030	2	<input checked="" type="checkbox"/>

Non-Pillared Out Area (List Each)**Required= Yes**

Non-pillared out areas were inspected to the point of deepest penetration or to alternative evaluation locations approved in the mine ventilation plan to determine compliance with applicable standards, including attention to: ventilation controls, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the worked out area. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
10/24/2006	23703	HEAD GATE 18	mouth of no. 1 entry	no. 5 entry mouth of panel	2	<input checked="" type="checkbox"/>

MineID: 4608436 Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: MT

Coal Inspection Tracking System

UG Outby Areas

Primary Escapeway (Including Facilities)

Required= Yes

Primary escapeway entries and facilities were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, markings showing the route of travel, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the escapeway or facilities. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
10/3/2006	23703	LLB MAINS	INTAKE SPLIT	MMU 030	2	<input checked="" type="checkbox"/>
10/3/2006	23703	MAINS	FAN	NO. 4 BELT HEAD	2	<input checked="" type="checkbox"/>
11/8/2006	23703	north mains	75 break	section	2	<input type="checkbox"/>

Return Air Courses

Required= Yes

At least one entry in each return aircourse was inspected in its entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the return aircourses. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
10/10/2006	23703	LLB MAINS	MMU 030	EP 59	2	<input checked="" type="checkbox"/>
10/16/2006	23703	LLB MAINS	surface	ep 59	2	<input checked="" type="checkbox"/>
11/13/2006	23703	North Mains return	return overcast	section	2	<input checked="" type="checkbox"/>

104(d)(2) order was issued for bad top in numerous location. This condition had been reported for 34 days in the weekly exam book.

MineID: 4608436 Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: UT

Coal Inspection Tracking System

UG Outby Areas

Seals (List Each Set)

Required= Yes

All mine seals were inspected to determine compliance with applicable standards, including attention to: seal condition, water traps, test pipes, postings of examination certification dates, times, and initials, and seal ventilation. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
10/18/2006	23703	east portal	no. 1 seal	no. 31 seal	2	<input checked="" type="checkbox"/>
10/24/2006	23703	NORTH WEST SEALS	NO. 1 SEAL	NO. 5 SEAL	2	<input checked="" type="checkbox"/>
NO. 3 SEAL HAS NOT BEEN BUILD YET.						



MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) In

Supervisor Initials: MS

Coal Inspection Tracking System

UG Outby Equipment

Outby Equipment

Required= Yes

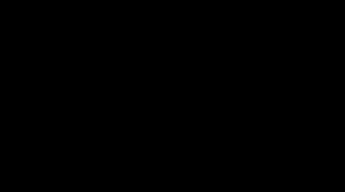
An inspection was conducted of each piece of in-use or available for-use equipment to determine if any hazards or potential hazardous condition existed, including safe access, improper guards, equipment condition, inoperative fire suppression systems, combustible materials, fire protection, condition of trailing or inter-machine electrical cables, cable conduit, safety devices, and diesel compliance. The serial number, if available, was recorded. If a serial number was not available, a company number or other positive identification was entered in the comments.

Date	AR #	Location	Manufacturer	Type Equipment	Serial #	Shift	Complete
10/16/2006	23703	ep 59 LLB MAINS	Other Type Not Listed	Pump	no. 2 LLB RETURN PUMP	2	<input checked="" type="checkbox"/>
10/16/2006	23703	ep 59 LLB MAINS	Other Type Not Listed	Pump	no. 1 pump mouth of no. 5 drift	2	<input checked="" type="checkbox"/>
10/24/2006	23703	HEAD GATE 18	Fairchild	Scoop	no. 145	2	<input checked="" type="checkbox"/>
10/24/2006	23703	HEAD GATE 18	Other Type Not Listed	Battery Charger	no. 1	2	<input checked="" type="checkbox"/>
10/24/2006	23703	HEAD GATE 18	Other Type Not Listed	Transformer	no. 1	2	<input checked="" type="checkbox"/>
11/15/2006	23703	MAINS	Brookville	Mantrip	11	2	<input checked="" type="checkbox"/>
11/15/2006	23703	MAINS	Brookville	Locomotive	1	2	<input checked="" type="checkbox"/>
11/15/2006	23703	MAINS	Brookville	Locomotive	2	2	<input checked="" type="checkbox"/>
11/15/2006	23703	MAINS	Brookville	Mantrip	1	2	<input checked="" type="checkbox"/>
11/15/2006	23703	MAINS	Brookville	Mantrip	10	2	<input checked="" type="checkbox"/>
11/29/2006	23703	east portal <i>kva box bk 52, no. 1,2,4 motor chargers</i>	Other Type Not Listed	Transformer	kva box one bk in drift	3	<input checked="" type="checkbox"/>
11/29/2006	23703	shop	Brookville	Locomotive	no. 6	3	<input checked="" type="checkbox"/>
11/29/2006	23703	shop	Brookville	Locomotive	no. 1	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials: Supervisor Initials: JS

Coal Inspection Tracking System

UG Outby Equipment

11/29/2006	23703	shop	Brookville	Mantrip	no. J6	3	<input checked="" type="checkbox"/>
11/29/2006	23703	shop	Brookville	Mantrip	no. 4	3	<input checked="" type="checkbox"/>
11/29/2006	23703	shop	Brookville	Mantrip	no. J2	3	<input checked="" type="checkbox"/>
11/29/2006	23703	shop	Brookville	Mantrip	NO. J4	3	<input checked="" type="checkbox"/>
11/29/2006	23703	shop	Brookville	Mantrip	NO. J12	3	<input checked="" type="checkbox"/>
11/29/2006	23703	shop	Brookville	Locomotive	no. 2	3	<input checked="" type="checkbox"/>

DAILY COVER SHEET

Date 10-3-6 Event No. 411839Arrived at the Mine Departed from the Mine List Records Books Checked proshitz/
on shift

Accompanied By: Company Representative

James Hancock,Miners Representative NONE

AREAS OF INSPECTION ACTIVITY:

Date 10-3-6

75,220 ft 1120
86 persons would be
injury if the roof
was to fall, 1
ON MANU 030 WAS
WINDY - 6. 32 ft wide
TWO BAS INBY FANBELT
#3 ONE BATON FANBELT 31 ft

Due 10-3-6

86 persons would be
injury if the roof
was to fall, 1

Inspector's Initials [REDACTED]
 Supervisor's Initials and Date 10-3-6 Page No. 2
 U.S.G.P.O.: 2001 - 609-238

Date 10-3-6

75,402 1135
ROCK DUST WAS
NOT APPLIED TO
WALL NO TO THE
FALL IN ON W.S.
ENTRY ON MANU
030 distance is 105
ft TO THE FAN FLO
ON LOR

Due 10-3-6

1300
86 persons would be
injury, 0014
REAR END WAS

Inspector's Initials [REDACTED]
 Supervisor's Initials and Date 10-3-6 Page No. 3
 U.S.G.P.O.: 2001 - 609-238

Date 10-3-6

75,400 1140
THE 3LT CROSS CUT
ON MANU 030 WAS
LOOSE ON 1" TO
10 IN RE RIGGING
ROADWAY. THE DISTANCE
OF THE X-LINE WAS

Due 10-3-6

86 persons would be
injury, 0014
REAR END WAS

Inspector's Initials [REDACTED]
 Supervisor's Initials and Date 10-3-6 Page No. 4
 U.S.G.P.O.: 2001 - 609-238

DAILY COVER SHEET

Date 10-4-6 Event No. 411839Arrived at the Mine Departed from the Mine List Records Books Checked proshitz/
on shift

Accompanied By: Company Representative

WINDY WILLISMiners Representative NONE

AREAS OF INSPECTION ACTIVITY:

Inspector's Initials [REDACTED]
 Supervisor's Initials and Date 10-4-6 Page No. 1
 U.S.G.P.O.: 1997 - 508-470

Date 10-4-6

75,523-361 0945
17C emergency parties
BANK DID NOT ACTUALLY
IMMEDIATELY ON THE
NO 12 SCOP ON MANU
030 SECTION

Due 10-4-6 1945

CONCRETE 1030
86 persons would be
injury if the person
needed to stop for
personnel of scope

Inspector's Initials [REDACTED]
 Supervisor's Initials and Date 10-4-6 Page No. 2
 U.S.G.P.O.: 2001 - 609-238

Date 10-4-6

22 1107-3A

The NW 1 Am On
mmu 030 did not
remain functional,
when the power
was removed,

On 10-5-6

Persons would not
be in very close proximity
violation

Inspector's Initials
Supervisor's Initials

Page No. 3
U.S.G.P.O. : 2001 - 609-238

UBB

DAILY COVER SHEET

Date 10-10-06 Event No. 4111839

Arrived at the Mine _____ Departed from the Mine _____

List Records Books Checked WEEKLY EXAM,
ON-SHIFT, PRE-SHIFTAccompanied By: Company Representative
HARLEY TAYLOR - FIREBOSS

Miners Representative _____

AREAS OF INSPECTION ACTIVITY:

- ① WALKED RETURN AIR COURSE FOR MMU 030 SECTION.
- ② WALKED AIR COURSE in 3 RT. PANEL.
- ③ TERMINATED VIOLATION ON MMU 030 SECTION
- ④ WALKED BELTS

Inspector's Initials

Supervisor's Initials and Date 10-10-06 Page No. 1

*U.S. Government Printing Office: 1995 - 609-287

① Citation # - 7258410

② Time - 0925 HRS.

③ Violation - THE RETURN
AIR COURSE FOR MMU
030 SECTION COULD NOT
BE MADE IN ITS ENTIRETY
EVERY 7 DAYS IN THAT
AN ACCUMULATION OF 17 IN.
OF WATER FOR 90 AS IN
LENGTH BETWEEN CC'S
14 & 15.

④ Location - 14 & 15 CC'S

⑤ Exposure - 1 person

⑥ Non-S&S - UNLIKELY
BECAUSE 17 IN. WATER
DEPTH PRESENTED NO HAZARD
THE AREA COULD BE
TRAVELED AROUND THRU
MANDOORS IN & OUT

Date 10-10-06 Inspector's Initials

Supervisor's D&I MS 10-15-06 Page No. 2

*U.S. Government Printing Office: 1997 - 609-470

① Citation # - 7258411

② Time - 1100 HRS.

③ Violation - THE 3 RT.
PANEL HAS NOT BEEN
EVALUATED FOR AN
AIR MOVEMENT INTO THE
WORKED OUT AREA
AND AN EVALUATION PT.
WAS NOT ESTABLISHED.

④ Location - Mouth of
3 RT. PANEL

⑤ Exposure - 1 person

⑥ Non-S&S - THE AIR
WAS 20.8% O₂ & 0.0% CH₄.
THE AREA HAD BEEN
TRAVELED WEEKLY.

Date 10-10-06 Inspector's Initials

Supervisor's D&I MS 10-15-06 Page No. 3

*U.S. Government Printing Office: 1997 - 609-470

① Citation # - 7258412

② Time - 1140 HRS.

③ Violation - AT ONE
CC ENTRY 55#1958,
ONLY ONE SET OF AIR
LOCKS DOORS WERE
INSTALLED.

④ Location - @ 55#1958
ONE CC ENTRY

⑤ Exposure - 1 person

⑥ Non-S&S - BECAUSE
NEUTRAL AIRWAY HAD
20.8% O₂ & 0.0% CH₄ NOT
BEING USED AS A
HEADWAY.

Date 10-10-06 Inspector's Initials

Supervisor's D&I MS 10-15-06 Page No. 4

*U.S. Government Printing Office: 1997 - 609-470

① Citation # 7258409

② Time - 0810 HRS

③ Location - RETURN ENTRY
OF MMU 009 SECTION

④ Violation - 75.364(b)

TWO WEEKLY EXAM FOR
THE RETURN ENTRY
FOR MMU 009 SECTION
WAS NOT BEING TRAVELED
IN ITS ENTIRETY IN THAT
NO RECORDS WERE FOUND.

⑤ Exposure - 1 person

⑥ Non-S&S BECAUSE 20.8%
O₂ FOUND IN RETURN & 0.0%
CH₄. RECORDS INDICATED
TRACK & INTAKE HAD BEEN
TRAVELED WITH 20.8% O₂
& 0.0% CH₄.

Date 10-10-06 Inspector's Initials

Supervisor's D&I MS 10-15-06 Page No. 5

*U.S. Government Printing Office: 1997 - 609-470

Date 10-10-6

75400 1145
 Large coal from
 belt dust, 1" 12"
 up to the bottom
 of the belt roller
 and down 1 belt
 starting at 1N belt
 New cast to the
 2L12 belt coal
 1) Paper in the belt
 head.

10-11-6

0500

8B person would be
 involved if the belt
 was to catch fire

Inspector's Initials

Supervisor's Initials and Date 10-15-06 Page No. 6
U.S.G.P.O.: 2001-609-233

Date 10-10-6

75400 1155
 The circuit breaker
 for the 2N8BR
 return is near a
 fire into the
 at the N.1 K.4 box.

Date 10-10-6

1400

Persons would be
 involved if the
 way breaker was
 deenergized.

Inspector's Initials

Supervisor's Initials and Date 10-15-06 Page No. 2
U.S.G.P.O.: 2001-609-233

DAILY COVER SHEET

Date 10-14-6 Event No. 4111839

Arrived at the Mine Departed from the Mine

List Records Books Checked pre-shift/on shift

Accompanied By: Company Representative

Wendell Willis

Miners Representative None

AREAS OF INSPECTION ACTIVITY:

Inspector's Initials

Supervisor's Initials and Date 10-14-06 Page No. 1

*U.S. Government Printing Office: 1997-508-470

Date 10-14-6

75400 1605
 Little effort was
 made to remove the
 loose coal and plant
 coal dust from the
 N.1 belt conveyor

Correct 10-14-6 1730
 Loose coal was removed
 and the belt was
 reconnected.

Inspector's Initials

Supervisor's Initials and Date 10-14-06 Page No. 2
U.S.G.P.O.: 2001-609-23346-08436
DAILY COVER SHEET

Date 10-18-6 Event No. 4111839

Arrived at the Mine Departed from the Mine

List Records Books Checked pre-shift/on shift

Accompanied By: Company Representative

Michael Knight

Miners Representative None

AREAS OF INSPECTION ACTIVITY:

Inspector's Initials

Supervisor's Initials and Date 10-18-06 Page No. 1
U.S. Government Printing Office: 1997-508-470

Date 10-18-6

75400 0945
 The N.1 North belt
 beginning at the
 12 and extending
 to the head, had
 ACC at least coal
 1" to 14" under the
 roller and transfer
 to rolling in the
 coal, walkway side
 and off his loose
 coal.

Date 10-18-2102

8B person could be involved
 if the belt was to catch
 fire

Inspector's Initials

Supervisor's Initials and Date 10-18-06 Page No. 2
U.S.G.P.O.: 2001-609-233

Date 10-19-6
75,400 1000
Flint Coal Just
is present on the
Plane and Blasting
Compensation to
no. 1 north R & A
600

Dec 10-19-6
0800

8h. persons would
receive a blow
if the Flint Coal
dust was to ignite
when engaging
break.

Inspector's Initials [Redacted]
 Supervisor's Initials and Date 10-19-06 Page No. 3
 U.S.G.P.O.: 2001-509-238

DAILY COVER SHEET

Date 10-31-6 Event No. 4111839
 Arrived at the Mine — Departed from the Mine —
 List Records Books Checked pre-shift
on shift
 Accompanied By: Company Representative Winden Wills

Miners Representative —

AREAS OF INSPECTION ACTIVITY:

Inspector's Initials [Redacted]
 Supervisor's Initials and Date 10-31-06 Page No. —
 U.S. Government Printing Office: 1997-508-470

Date 10-30-6
75,400 1130
Flint Coal 1" to 1 1/2"
is present on the
Sept and under the
no. 2 belt from
Base to north 11B.

Dec 11-1-6
0800

8h. persons would not
be injured

Inspector's Initials [Redacted]
 Supervisor's Initials and Date 10-31-06 Page No. 2
 U.S.G.P.O. 2005-742-563

Date 10-30-6
75,200 0920
The mine roof is not
adequately supported,
beginning at block 87 and
extending to E. 42
The mine roof has fallen
from around 85 to the
resin roof bolts. Also
beginning at E. 42 to
E. 41 the mine roof
has fallen from around
several of the resin
roof bolts, as a result
a roof fall has occurred

Dec 11-8-6 0800
8h. persons would be injured
if the roof was to fall

Inspector's Initials [Redacted]
 Supervisor's Initials and Date 10-31-06 Page No. 3
 U.S.G.P.O.: 2001-509-238

Date 10-31-6
75,340 0945
Be intake split
beginning E. 42
and E. 41, has
water 1" to 2" deep
on the floor
Also glad to see
roof fall

Dec 11-7-6 0800
8h. persons would not
be injured

Inspector's Initials [Redacted]
 Supervisor's Initials and Date 10-31-06 Page No. 4
 U.S.G.P.O. 2005-742-563

Date 10-30-6
75,523-361 1010
The emergency
brake did not activate
immediately, but the
emergency de-engagement
device
could hold stop

Dec 10-30-6
1500
8h. persons would be
injured if the stop
was to run into
persons staying in front

Inspector's Initials [Redacted]
 Supervisor's Initials and Date 10-31-06 Page No. 5
 U.S.G.P.O. 2005-742-563

Date 10-30-6

Date 10-30-6

75.503 1007
The NO. 230 scoop
at H.G. 16 is not
being maintained
in permissible condition
The account Brown box
has a opening in excess
of 805. Battery lids
are not secured.
Condition on battery
bins is busted

Due 11-30-6 1407
8b. Persons would not
be injured

Inspector's Initials

Supervisor's Initials and Date 10-31-06 Page No. 6
U.S.G.P.O.: 2001 - 609-238

75.864(6)U 1100

The intake split to
EG 39 cannot be
travel in its entirety
a Root Fall had
occurred at bread
83 blocking travel
in the NO. 1-2 entry

Due 11-10-6-080

8b. Persons would
not be injured

Inspector's Initials

Supervisor's Initials and Date 10-31-06 Page No. 7
U.S.G.P.O.: 2001 - 609-238

DAILY COVER SHEET

Date 11-6-6 Event No. 4111839

Arrived at the Mine _____ Departed from the Mine _____

List Records Books Checked pro-shirt

ON Shift

Accompanied By: Company Representative

Wendell Wilts

Miners Representative

None

AREAS OF INSPECTION ACTIVITY:

Inspector's Initials

Supervisor's Initials and Date 11-7-6 Page No. 1

*U.S. Government Printing Office: 1997 - 508-470

Date 11-6-6

75.362 F 0815
But pro-shirt examination
done was not sign
by the person conducting
the examination did
not sign the book

Due 11-7-6 0820

8b. Persons would
not be injured

Inspector's Initials

Supervisor's Initials and Date 11-7-6 Page No. 2
U.S.G.P.O.: 2001 - 609-238

Date 11-6-6

75.400 1115
Float Coat just
to present on the
front and
left side of person
at the H.G. 16
Box

Due 11-7-6 0801

8b. Persons would be
injury if the float
coat just was to
ignite

Inspector's Initials

Supervisor's Initials and Date 11-7-6 Page No. 3
U.S.G.P.O.: 2001 - 609-238

Date 11-15-2006

0801 75.1702-1

Approved smokers program is
not being followed the last
day the day shift was searched
was 11-04-2006

Terminate 11-15-2006 1500
Trucks

9810 Ford

2377 Mack

966F End loader

8b. Persons injury from
this violation

Inspector's Initials

Supervisor's Initials and Date 11-16-06 Page No. 1

*U.S. G.P.O. 2005/742-583

DAILY COVER SHEET

Date 11-29-6 Event No. 1111889

Arrived at the Mine _____ Departed from the Mine _____

List Records Books Checked pro-sh to
on shift

Accompanied By: Company Representative _____

Paul Thompson

Miners Representative none

AREAS OF INSPECTION ACTIVITY:

Inspector's Initials _____

Supervisor's Initials and Date 11-30-6 Page No. _____

Date 11-30-6 0138

75.2024

Re mine route is
is brown and brown
with outer and in
by rth. in the cross
cut this the black
belt R.A. black
located, beginning
at the belt entrance
extending into the
NO. entry to the S. side

Due 11-30-6 0800
80, persons would
be involved if the
flat was to fall.

Inspector's Initials _____

Supervisor's Initials and Date 11-30-6 Page No. _____

Date 11-30-6 0138

75.400

Course Coal and Floor
Coal dust is present
on the (W) hole
belt beginning at
the head and return
to the tail, loss coal
is 1" to 8" deep
with flat coal dust
in the entry and in
the X-cross.

Due 11-30-6 1200

Person is West, person
would not be involved
acc.

Inspector's Initials _____

Supervisor's Initials and Date 11-30-6 Page No. _____